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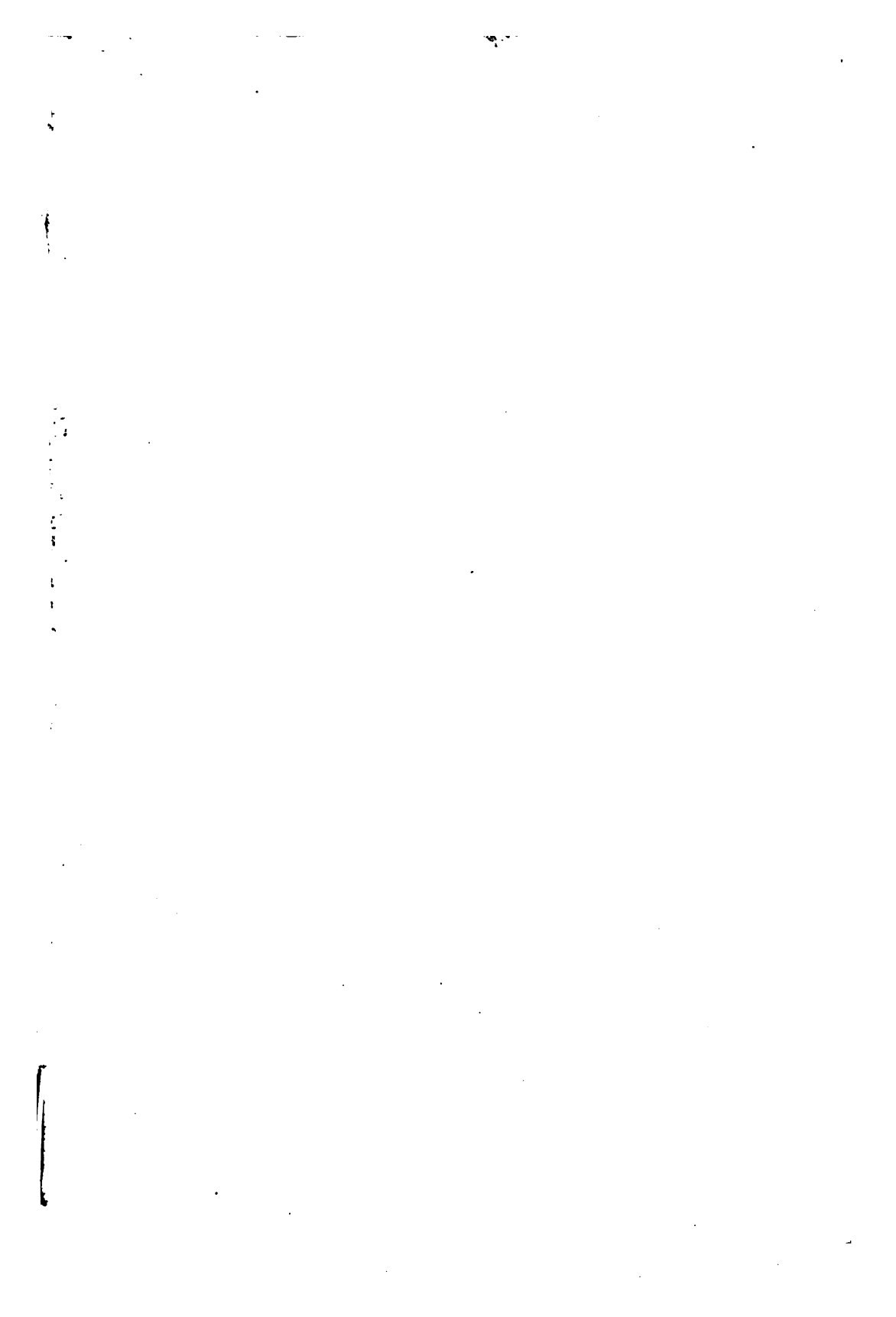
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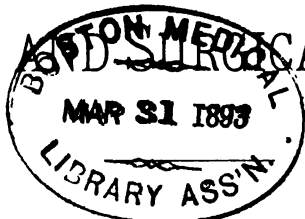








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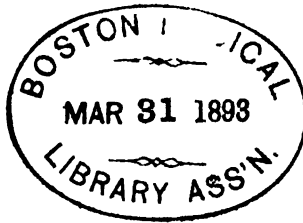
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VOLUME LXIII.—JULY, 1892.—No. 1.

Original Contributions.

**DOUBLE CHANCRE A DISTANCE.** An Inquiry into Syphilitic Auto-Inoculation. By A. H. OHMANN-DUMESNIL, Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

The question of auto-inoculation in syphilis was, at one time, a fruitful theme for discussion and led the way to numerous experiments of the greatest importance, when viewed in the light of the results that were achieved. After a lull of several years the question has been revived in latter years, but in a different form. It is one of the highest importance from the fact that, should it be established that auto-inoculation is possible, during a certain limited period, it would conclusively prove that the disease was still localized, and the very fact that this localization existed would render reasonable attempts to jugulate syphilis by means of early excision of the chancre and of the indurated ganglia anatomically connected with it. The following cases are interesting as bearing in some respects upon the question of auto-inoculation, and as affording example of a clinical variety not frequently met with.

**CASE I**—Mr. B., about twenty-two years of age, contracted a chancre and presented himself to Dr. A. C. Bernays for treatment. I saw the patient at this time. He could not fix the probable time of infection. Upon examination he presented a well marked chancre of the prepuce on the right side. The induration was well defined and the inguinal ganglia of the corresponding side were also indurated. In the centre of the lower lip he presented a sore having the size of a silver

half-dime, well defined, of roundish shape and implicating a portion of the mucous membrane and vermillion border. On both sides of the inferior maxillary the lymphatic glands were enlarged and indurated. More especially was the condition marked upon the left side. The induration of the labial sore was very distinct. Patient was subject to fissures of the lower lip. He was not aware of handling his preputial sore and transmitting the virus to his lip. In fact, he rather thought he did not. In about two months after a marked secondary eruption appeared and his hair fell out. Both chancres healed spontaneously and simultaneously, the induration disappearing in the sores and lymphatic glands at the same time.

CASE II.—Mr. C., presented himself to me for treatment, December 22, 1886. He presented two chancres. One was situated upon the mucous surface of the left side of the prepuce and extended to the border. It was somewhat larger than a silver dime, the induration being plainly apparent to the feel. The lymphatic glands were enlarged and indurated. The other chancre was situated in the centre of the upper lip and was a little smaller than a silver dime. The induration was very marked, so much so, that it partially everted the lip. The lymphatic ganglia beneath the inferior maxilla were indurated, not so markedly so upon the left as upon the right. Those on the right, however, were plainly enlarged. Upon inquiry the fact developed that the upper lip was almost always fissured, at its central portion, in winter and had been in that condition for some time before the appearance of the sore. On February 22, 1887, two months after the patient first presented himself, a fine papular eruption made its appearance. Upon the face, back and legs pustules were scattered here and there. Mercurial treatment caused these to disappear in a couple of weeks, but it was not until March 12, that the induration of the glands and the chancres disappeared completely. This *restitutio ad integrum* was simultaneous in both localities. Inquiry elicited the probabilities of the simultaneous appearance of both sores. At least as far as the patient knew, they came on at the same time, but he was naturally more solicitous concerning the sore upon his prepuce regarding the other as merely an ordinary sore due to irritation of the fissure.

Multiple chancres are not rare by any means. They are



quite frequently seen, if we are to believe the statistics of those who see many cases of syphilis. Of course, the relative percentage is not great in comparison with the grand total but an observer who has not seen this condition has not had many cases under his care. The same may be said of extra-genital chancres and more especially of chancre of the lip. The condition, however, which I have detailed does not seem to be one that is frequent; in fact, it is a more unusual one, viz: to have a chancre of the prepuce and of the lip occur simultaneously. While genital and buccal mucous patches often occur synchronously, the primary lesion of syphilis does not seem to affect parts so distant from each other, nor those particular portions which I have mentioned. On this very point F. N. Otis,<sup>1</sup> speaking of extra genital primary lesions, says, "Usually they (chancres) are rare in proportion to their distance from the genitalia." How much rarer must this condition be when the case is one of multiple chancres, at such a distance from each other.

An interesting question which is now suggested is this: In the cases reported above, were the chancres of the same age and due to the same inoculation in point of time? or, was there auto-inoculation? A consideration of this would lead to a critical examination of the question of auto-inoculation, and the success which has attended attempts to establish the truth of its probability. I do not intend to discuss these questions exhaustively, but merely analyze a few points, and indicate some possible sources of error. In my opinion, in the two cases which I have briefly outlined the chancres of the lip and of the prepuce, in each case, were of the same age and inoculated simultaneously. My reasons for this are founded upon the fact that the induration of the sores and of the ganglia occurred at about the same time so far as this was observed. In the next place, the induration disappeared exactly at the same time, both in the lymphatic glands and in the chancres. In other words, while the appearance of the induration could not be exactly determined, the synchronous disappearance was observed; and this in two cases. Had either of the chancres been due to an inoculation from the other, we would expect its induration to appear and disappear as much later than

1. Practical Clinical Lessons on Syphilis and the Genito-Urinary Diseases. 1896.

that of the primary infecting focus as the period intervening between the appearance of the one and that of the other.

Now let us examine the evidence adduced to support the possibility of auto-inoculation and then we will consider the probabilities.

P. A. Morrow says,<sup>2</sup> "The initial lesion is unique ; multiple chancres are, however, by no means rare ; they may be grouped in the same region, or be disseminated over different portions of the body.

" Multiple chancres are almost always due to the simultaneous inoculation of a number of rents or abrasions ; they are not produced by successive inoculation, as in the case of chancroid.

" The *non-auto-inoculability of the chancre* is a rule to which there are few exceptions, and these only possible when inoculation is performed at an early period after the appearance of the chancre ; the result is usually an abortive pustule."

E. L. Keyes<sup>3</sup> has about the same opinion in this matter. He states that "when the chancre is quite young, and the organism presumably not saturated with syphilis, some of the poison taken from the patient's own chancre may be successfully auto-inoculated, producing a second characteristic chancre upon him (Puche, Wallace, Sperino, Bidentkap, Lee and others.)"

In Bumstead and Taylor<sup>4</sup> the main issue is avoided to some extent, as witness the following: "If multiple at all, it is almost always true that they (chancres) are so as the immediate effect of contagion, and because several rents or abrasions were inoculated together in the sexual act. If solitary at first, they continue to be so ; since successive chancres rarely spring up in the neighborhood, as in the case of chancroid, owing to the fact that the virus ceases to act upon the system, as soon as it is once infected."

Of course, the question is, when does the system become infected ; or, in other words, what is the limit to the period when auto-inoculation is possible or is it possible at all ?

The possibility of auto-inoculation from the primary sclerosis is doubted by a number of good observers. Fournier in

2. Venereal Memoranda. 1885.

3. The Venereal Diseases including Stricture of the Male Urethra. 1890.

4. The Pathology and Treatment of Venereal Diseases. 1883.

giving the differential diagnosis of simple and syphilitic chancre, states that in the latter the pus is not auto-inoculable.

H. Leloir<sup>5</sup> says that "the infecting chancre is not inoculable on the carrier of it, and this last proposition may be laid down as an invariable rule (*une règle absolue*) this characteristic of the non-inoculability of the infecting chancre is of the highest importance and may be considered as pathognomonic." He adds a note in which he states that, in some exceptional cases, auto-inoculation *seems* to have succeeded.

H. G. Piffard<sup>6</sup> says that the "Chancre is not, as a rule, inoculable on a person bearing it, or upon another who is already syphilitic."

Berkeley Hill<sup>7</sup> in speaking of the primary sclerosis of syphilis says that "the papule is habitually solitary. When there are more than one, the papules are all of the one age," implying that all were inoculated at the same time.

Alfred Cooper<sup>8</sup> in considering the same questions states that "if several hard chancres are found upon the same person, the probability is that they have become simultaneously developed; for a sore of this character is not inoculable, as such, upon the subject of it."

Jonathan Hutchinson<sup>9</sup> does not seem to be very favorably impressed by the doctrine of auto-inoculation. In referring to multiple chancres he says that "the number of these indurated spots, or chancres, will depend upon the number of different places which were inoculated at the *same time*, just as is the case with vaccination vesicles. It is not very often that more than one is seen, and if there be two, three, or more, they are *always at the same stage of progress at the same time. No new ones are ever produced subsequent to the full development of the first.\**

If, for the sake of experiment, it were attempted by direct inoculation to produce others, the attempt would fail; just as we should fail to re-vaccinate an infant, on the eighth day, from his arm spots." While we see that the possibility of auto-inoculation is mentioned, the author makes some pretty positive statements to the contrary.

5. Leçons sur la Syphilis, 1886.

6. *Materia Medica and Therapeutics of the Skin.* 1881.

7. *Syphilis and Local Contagious Disorders.* 1869.

8. *Syphilis and Pseudo-Syphilis.* 1884.

9. *Syphilis*, 1887.

\*. It is possible that certain rare exceptions to this statement may occur. H.

I will make another quotation from P. A. Morrow,<sup>10</sup> in which he states that "the non-auto-inoculability of the secretion of the chancre is the rule to which there are few exceptions and these only possible when inoculation is performed at an early period after the appearance of the chancre. The four or five cases reported in which positive results have been obtained from auto-inoculation of the chancre are of doubtful authority; the most invariable result is an abortive pustule. A distinction is always to be recognized between the specific serous secretion of the chancre and the inflammatory products of this same lesion when irritated into copious suppuration."

With this I will close citing authors although a number of others holding similar opinions could be quoted. Admitting the auto-inoculability of the chancre for the sake of argument, the question which presents itself is this: At what time does the susceptibility cease, or, in other words, when is syphilis constitutional? The rapid recital of a few cases may throw some light upon the subject. After this I want to make a critical analysis of a few of the reported successful cases of auto-inoculation.

In the first place I wish to call attention to a very interesting and brief *résumé* on the subject by Dr. E. L. Keyes.<sup>11</sup> In one case (his own) excision of the chancre was performed before the lesion was twenty-four hours old and before any induration had manifested itself. It proved unavailing so far as preventing the general symptoms from appearing was concerned. In commenting upon this the author says: "This case I consider worthy of record because it fulfills the most exacting conditions for testing the question still under consideration in the profession as to whether syphilis is or is not already a constitutional disease when the chancre appears." In Berkeley Hill's case cited in the same paper, a man tore his frenum during intercourse and in less than twelve hours later had the wound cauterized with fuming nitric acid. A month later a general syphilis manifested itself. Leloir<sup>12</sup> relates an analogous case. A medical student had a suspicious intercourse and watched his penis constantly for any sign of the chancre. One night at twelve o'clock nothing was apparently visible. Next morning he noticed a macule. This was

10. *Atlas of Venereal and Skin Diseases*, 1888,

11. *N. Y. Medical Journal*, April 25, 1885.

12. *Progres Medical*, August 15, 1885.

largely excised at two o'clock in the afternoon of the same day, and the uselessness of the measure was shown by the appearance of general syphilitic manifestations later on.

Barthélemy<sup>13</sup> reports a case of undoubted indurated chancre accompanied by ganglionic involvements in which the induration of the sore persisted for three months and of the glans for four months. No treatment, whatever was given and eighteen months later no general manifestations had shown themselves. The author asks the question: Had I excised the sore would I not have ascribed the mitigation (?) of the disease to that operation? He might have asked himself: was the case one of syphilis?

Zeissl<sup>14</sup> has observed that the excision of the induration does not prevent the appearance of the secondary symptoms; and Delpech has noted, as well as others, that after excision the induration is reproduced at the site of the operation and secondary symptoms follow.

Spillman<sup>15</sup> protests energetically against the abortive surgical measures employed in reference to syphilis. To emphasize his opinion he reports two cases as follows:

He excised the chancre and glands anatomically connected with it in a case. No cutaneous lesions appeared, nor any implication of the mucous membranes. Internal treatment was not taken and confirmed *tabes dorsalis* was established.

The second case a young woman was supposably infected by her lover. Suspecting that this might occur he caused her to be very carefully watched for any sign of a chancre. This lesion was excised as soon as it made its appearance; yet, despite the precaution, *roseola* of the trunk and abdomen appeared as well as buccal and vulvar lesions.

In one case I excised the chancre as soon as it became visible. General symptoms supervened, in a mitigated form it is true.

In some of the cases just given extirpation of the initial sclerosis was practiced as soon as it was possible to do so, and yet the results were negative. We must conclude from a clinical point of view that in those cases the disease was constitutional at the time the chancre was excised. The sores were only suspected as the principal signs of differentiation

13. *Annales de Dermatologie et de Syphillographie*, No. 4, 1885.

14. *Ibid.*

15. *Revue Médicale de l'Est*, January 1, 1892.

were absent, and it could be very well argued that, had one been excised and not been followed by the general symptoms, the sore was not an initial sclerosis in spite of confrontation and the probabilities of the case.

We will now take up some of the reported cases of successful auto-inoculation and examine them critically. First, we will take the cases reported by Pontoppidan<sup>16</sup>:

1°. Patient with ulcer in the sulcus coronæ, having slight induration. Inoculated in three places on the abdomen. On the eleventh day slight infiltration of base observed.

2°. Infection dating back three weeks. For past fifteen days excoriation on prepuce and ulcer in sulcus coronæ. Later, sclerosis about urethral orifice. Three inoculations on abdomen appeared as papules on the twenty-second day.

3°. Infection a month old. Sclerosis in sulcus coronæ. Inoculation showed papules on the thirteenth day.

4°. Infection four weeks back. Inoculation showed elevated reddened places on the twelfth day. On the tenth papules, and on the twenty-sixth a syphilitic eruption.

5°. Infection dating back twelve days. Inoculation visible on the fourth day, reddened on the eleventh, and papular on the eighteenth.

Haslund<sup>17</sup> reports five cases of multiple chancres due to auto-inoculation, a brief notice of which is as follows:

1°. Ulcer of prepuce, near frenum, superficial. Six days later indurated as also inguinal gland. In two days after it was excised. Ten days later, a small ulcerated point, due to the tearing out of a suture, indurated; and, a few days later there was found a small ulceration at the meatus urethræ which became distinctly indurated. Four weeks later a macular syphiloderm appeared.

2°. Small excoriation of frenum. No induration. Cauterized with chromic acid and dressed with chloride of lime. Five days later wounds became indurated. In two more days, two superficial erosions, one on internal surface of orifice of prepuce, the other in the sulcus coronæ. In three days one sore indurated and a new ulcer in the middle of the balanopreputial sulcus. Ten days later there were eleven indurated ulcers. About a month later abundant macular syphilide.

16. *Annales de Dermatologie et de Syphillographie*, No. 4, 1885.

17. *Annales de Dermatologie et de Syphillographie*, No. 6, 1887.

A number of the ulcers healed, leaving a well-developed induration.

3°. An indurated ulcer on the left side, in the sulcus coronæ. Left inguinal ganglia indurated. Two days later an indurated ulcer on the inner surface of prepuce. A month later a macular syphilide appeared.

4°. An indurated ulcer in the sulcus coronæ a little to the left of the median line. Three days previous one had appeared on the right side on the preputial portion of the sulcus coronæ. Ganglia indurated on right side. In about forty-two days a papular eruption appeared.

5°. Right labium majus affected with two indurated ulcers; two smaller ones, also indurated at posterior commissure and on perineum to the left of the raphé. Glands in both groins involved very typical on the right side. Five days later an indurated ulcer on internal aspect of left labium minus. Twenty days later a macular syphilide appeared.

A critical examination of these cases would lead us to look upon them as special pleas. Mracek,<sup>18</sup> in reviewing Pontoppidan's cases, states that, as proofs of the auto-inoculability of the chancre, they have but little weight. In Case 1, of Pontoppidan's experiments we have an inoculation made with pus and *slight infiltration* observed in the inoculations. In Case 2, also purulent inoculation and papules appeared on the thirty-seventh day after appearance of ulcer. In Case 3, we have insufficient data, papules appearing. In Case 4, we have elevated reddened places as the result of inoculation, papules appearing on the nineteenth day, and *one week later* a syphilitic eruption. In Case 5, the inoculation was *visible* on the fourth day and papular on the eighteenth. We do not find a description of an initial sclerosis in any of these inoculations and the author simply presumes that because lesions appeared at the site of inoculation that they must be chancres. In Haslund's cases we find that the ganglionic involvement is always on the same side as the original chancre (Cases 1, 2, 4, and 5); and that when the other side is involved general symptoms appear and other portions of the lymphatic system are also involved (Cases 1, 3, 4). In these cases the auto-inoculations are also supposed to be the result of the action of the pus.

Taking the *tout ensemble*, it will occur to any fair-minded

18. Vierteljahresschrift fuer Dermatologie und Syphilis, No. 4, 1885.

person that these examples are not satisfactory, nor are the experiments crucial. In reported successful cases we also note that an infiltrated sore is most generally the result of the inoculation. Even if an apparent induration takes place there is no corresponding induration of the lymphatic ganglia anatomically connected with the artificially produced lesion, unless it be at the time that general involvement of the lymphatic glands takes place.

We must not forget that inoculations, more especially when pus is employed, are irritating and the resulting lesion is what has been denominated the "irritative sclerosis" of syphilis.

Taking all these points into consideration it seems to me that: 1°. The probability of auto-inoculation in early syphilis has not been proven. 2°. While there may be strong presumptive evidence in favor of it, it is only at best a possibility. 3°. The most crucial experiments prove that excision of the chancre at the earliest possible moment is futile and falls short of its purpose. 4°. In multiple chancres *à distance* the lesions are due to the same inoculation, as a rule. 5°. In multiple chancres of different ages it is probable that the younger lesions are merely irritative scleroses. 6°. Experiments so far apparently prove that syphilis is constitutional at the time the initial sclerosis makes its appearance.

TWENTY-FOUR CASES OF TUBERCULAR PHTHISIS TREATED WITH  
TUBERCULIN-KOCHII. By E. F. BIEWEND, M. D., St. Louis.

[Concluded.]

CASE XII. Male, aged thirty-one years; occupation, locomotive engineer; height, five feet eight inches; weight, 115 pounds; general appearance, slightly stoop-shouldered, thin, florid complexion. The upper lobe of the right lung was affected. His cough was very troublesome, and his expectoration profuse. Occasionally there were night sweats. His appetite was fair, and his bowels were regular. The disease was hereditary, his father having died of consumption. The sputum contained bacilli (No. 3 Gaffky), and the temperature ranged in thirty-six hours from  $97\frac{2}{3}^{\circ}$  to  $100\frac{1}{4}^{\circ}$ . The patient had been sick for about two years.

From April 27 to June 30, I injected the patient every third day, beginning with one-tenth of a milligram of the one-



tenth of one per cent. solution, and gradually increasing the dose. He never felt any inconvenience from these injections; his appetite remained good, and he gained in weight and strength, but the cough did not diminish. He was an inveterate tobacco-chewer, and could not break off the habit. Occasionally his sputum was free from bacilli. I then gave him two injections per week of from three to five centigrams of the one per cent solution. On July 25, 1891 he left for his home, as he felt well and strong enough to resume his work. Although he had promised me to call at my office once a month, I did not see or hear from him since that day; but lately I heard that he had died about four weeks ago. He had received forty-seven injections.

CASE XIII. Male, aged thirty-nine years; occupation, machine cooper; height, five feet eleven inches; weight, 138½ pounds, general appearance, fair. The apex of the right lung and the throat were affected. The patient's parents had died of consumption, his father at the age of fifty-six, his mother at the age of fifty years. He had been sick for about two years, but had always been able to follow his usual avocation. His cough was dry and hard, but he expectorated only in the morning. His appetite was good, his bowels were regular, he had no diarrhoea, and no night sweats. His sputum contained bacilli (No. 1 Gaffky), and his temperature was  $98\frac{3}{4}^{\circ}$  in the forenoon and  $98\frac{1}{2}^{\circ}$  in the afternoon.

On May 13, I injected one milligram of the one-tenth of one per cent. solution, but no rise in temperature nor any bad effects followed the injection. Two days after that, at 9:30 A. M., I therefore injected two milligrams of the same solution, and five hours after the injection the patient felt so dizzy and feverish, that he had to quit his work and go to bed. At 6 P. M., his temperature had risen to  $101\frac{1}{2}^{\circ}$ . His cough and expectoration increased, and in his sputum I found bacilli (No. 5 Gaffky). The next day, however, the patient resumed his work, although he did not feel as well as usual.

On May 19, I again injected two milligrams, but this time there was no reaction. The patient's appetite returned, and his cough was more loose. On May 23, I increased the dose to two and one-half milligrams, and on May 25, to three milligrams, but no reaction followed these injections. On May 29, I, therefore, injected five milligrams, and since no reaction

set in, and no bacilli were found in the patient's sputum, I injected on June 4, one centigram of the one per cent. solution ; but again there was no reaction, and no bacilli, and the patient's appetite was better than before. On June 11, an injection of three centigrams of the one per cent. solution caused again no reaction ; eight hours after having been injected the patient's temperature was  $98\frac{1}{2}^{\circ}$ . On June 21, I gave him the last injection, consisting of four centigrams of the one per cent. solution, but no reaction set in. There were no bacilli in the sputum, his appetite was good, and his bowels were regular. His throat being sore yet, I prescribed a spray of the 40 per cent. solution of acid lactic and the 4 per cent. solution of cocaine. The patient, who kept his own weight and never had to stop his work, received sixteen injections.

CASE XIV. Male, aged twenty-one years ; occupation, salesman ; height, five feet nine inches ; weight, 134 pounds ; general appearance, fair, hectic-flushed face. There was a cavity in the right lung, and the apex of the left lung was affected. The patient had a deep and hollow cough, profuse and very viscid expectoration, and profuse night sweats. His bowels were irregular and rather loose. His appetite was very poor. His temperature was  $97^{\circ}$  at 8 A. M.,  $102^{\circ}$  at 1 P. M., and  $103^{\circ}$  to  $104^{\circ}$  at 7 P. M. His sputum contained bacilli (No. 8 Gaffky). The disease was not hereditary. The first dose, (one-tenth of a milligram of the one-tenth of one per cent. solution), I injected on May 13, 1891, but it caused no change in his temperature. I gradually increased the dose to two milligrams, but the patient did not improve, the temperature always remaining high. On June 18, I gave him the last injection, consisting of two milligrams of the one-tenth of one per cent. solution. When two days after when he called at my office and told me that the injection had not caused any improvement, I prescribed quinine and antipyrine in alternation, and advised him to leave the city during the heated term. He then went to Cedar Rapids, Wis., and I have not heard from him since. He had received thirteen injections.

CASE XV. Male, aged thirty-three years ; occupation, saloon keeper ; height, five feet six inches ; weight, 112 pounds ; general appearance, very thin, stoop-shouldered, hectic complexion. There was a large cavity in his right lung, and the upper lobe of his left lung was affected. His cough

was persistent, and his expectoration profuse and very viscid. His sputum contained bacilli (No. 12 Gaffky). His temperature was  $100^{\circ}$  at 8 A. M.,  $103^{\circ}$  at 4 P. M., and  $103\frac{1}{2}^{\circ}$  at 7 P. M. This patient was brought to me by a brother physician, who requested me to treat him with tuberculin as a last experiment. I treated the patient from May 15, to July 21, 1891, the doses ranging from one-tenth of a milligram of the one-tenth of one per cent. solution to two centigrams of the one per cent. solution, but the twenty-ninth injection which he received brought about no change for the better. He then went to Florida, staid there about one month, and died two weeks after his return.

CASE XVI. Male, aged twenty years; occupation, none; height, five feet six inches; weight, 125 pounds; general appearance, good but delicate. The apex of the right lung was affected. The patient had been sick about six months. His cough troubled him only in the morning, and he had but little expectoration. He had no night sweats, his bowels were regular, and his appetite was good. His sputum contained bacilli (No. 1 Gaffky). His temperature was  $99^{\circ}$  at 10 A. M., and  $99\frac{1}{2}^{\circ}$  at 7 P. M. The disease was not hereditary.

On June 1, 1891, I injected one-tenth of a milligram of the one-tenth of one per cent. solution, which caused no reaction. I treated the patient until July 11, 1891, gradually increasing the dose to fifteen milligrams. On the last named date the patient, who up to that time had received twenty injections, weighed 132 pounds, an increase of seven pounds. He then left the city and returned but a short time ago. He feels well and strong, and is at present engaged in the grocery business.

CASE XVII. Male, aged thirty-five years; occupation, book-keeper; height, five feet eleven inches; weight 114 pounds. General appearance, sallow complexion, very much emaciated. The patient had been sick about three years. His left lung was largely infiltrated, and the upper lobe of his right lung was affected. His cough was very bad, and his expectoration profuse and streaked with blood. He had night sweats, and his bowels were constipated; his appetite was very poor. His sputum contained bacilli (No. 8 Gaffky), and his temperature ranged from  $99\frac{1}{2}^{\circ}$  at 7 A. M., to  $102\frac{1}{2}^{\circ}$  at 9 P. M.

At first I refused to treat the patient with tuberculin, since the disease was so far advanced, but when I had con-

sulted with his family physician, Dr. L. of St. Louis, I consented to do so. On July 12, 1891, I gave him the first injection, consisting of one-tenth of a milligram of the one-tenth of one per cent. solution. I gradually and steadily increased the dose up to the present day, injecting twice a week. He now receives injections of seven centigrams of the one per cent. solution. After the first two weeks' treatment, the patient felt worse and lost four pounds in weight; but after that he gained steadily, and weighs now 116 pounds, an increase of two pounds.

His present condition is about the same that it was when treatment began; he is certainly not worse, but rather a little better than he was. His appetite is fair, his bowels are more regular, and he has no more night sweats; but his cough is still persistent, and his temperature remains high, ranging from  $99\frac{3}{4}^{\circ}$  in the forenoon to  $101\frac{1}{2}^{\circ}$  in the evening. Nevertheless he has been at work during all this time. Up to date he has received ninety-five injections.

CASE XVIII. Male, aged twenty-six years; occupation, farmer; height, five feet seven inches; weight, 145 pounds; general appearance, good. The patient had been sick about one year before he came to see me. I found the upper lobe of his left lung affected. He had a dry, hacking cough and not much expectoration, but occasionally he spit blood. His appetite was fair, and his bowels were regular. At times he had night sweats. In his sputum no bacilli were found. His temperature was  $99^{\circ}$  at 9 A. M., and  $99\frac{1}{4}^{\circ}$  at 7 P. M.

On August 8, 1891, I gave him an injection of one milligram of the one-tenth of one per cent. solution, which caused no reaction, nor rise of temperature. After the seventh injection, however, consisting of four milligrams, the patient felt sick at his stomach, but did not vomit; he had a severe headache, and he coughed more than before. When I examined his sputum on August 20, I found bacilli (No. 2 Gaffky). On August 22, I again injected four milligrams, and this time no bad results followed. I now gave this patient an injection every other day till September 23, 1891, increasing the dose to five centigrams of the one per cent. solution. On September 13, I found some bacilli yet in his sputum (No. 1 Gaffky), but after that no more, although I examined his sputum every other day, until September 23. I, therefore, discharged the

patient as cured. After having received twenty-four injections his weight was 155 pounds, an increase of ten pounds. His residence is at Winside, Nebraska.

CASE XIX. Male, aged twenty-nine years, occupation, teamster; height, five feet, nine inches; weight 134 pounds, general appearance, emaciated, sallow complexion, thin face, eyes bulging out. The disease was not hereditary. The patient, whose wife had died of consumption three years ago, had been sick about two years, when he came to me for treatment. The upper lobe of his right lung and his larynx were affected. He had a dry, hacking cough, not much expectoration, and occasionally nightsweats. His appetite was very poor, his bowels constipated. His sputum contained bacilli (No. 5 Gaffky). His temperature was  $97^{\circ}$  at 7 A. M.,  $99\frac{1}{4}^{\circ}$  at 10 A. M.,  $100^{\circ}$  at 2 P. M., and  $99\frac{3}{4}^{\circ}$  at 7 P. M.

On August 10, 1891, I gave him the first injection, consisting of one-tenth of a milligram of the one-tenth of one per cent. solution, but as it caused no rise of temperature, I increased the dose gradually to four milligrams. Having for a while received an injection every third day, the patient felt much better; his appetite has returned, and his bowels were more regular, but his cough was as bad as before. After September 24, I gave him an injection twice a week, gradually increasing the dose from five milligrams of the one-tenth of one per cent. solution to three centigrams of the one per cent. solution. But when the patient did not improve any more, I advised him to go to Phoenix or Tucson in Arizona. He left for these parts in November, but returned to my office on December 6, 1891, and requested me to treat him again with tuberculin injections. I did so, giving him on that day an injection of one centigram of the one per cent. solution. Again there was no reaction, nor rise of temperature. I continued to treat him twice a week till January 5, but after that day I did not see him again. He received in all thirty-nine injections.

CASE XX. Female, aged thirty-three years, married nine years, but never had children; height, five feet two inches; weight, 110 pounds. General appearance, sallow complexion; emaciated. The patient had been sick for about eighteen months. The upper lobe of her right lung was affected. The disease was not hereditary. Her cough was very bad, her expectoration profuse, her appetite very poor, her bowels irreg-

ular, and she had nightsweats occasionally. Her sputum contained bacilli (No. 5 Gaffky), and her temperature was  $97\frac{1}{4}^{\circ}$  at 9 A. M.,  $99^{\circ}$  at 1 P. M.,  $98\frac{3}{4}^{\circ}$  at 7 P. M. She complained of great weakness; especially in the morning she was so much prostrated that she was not able to leave her bed till about 11 A. M.

On the second day of July, 1891, I gave her the first injection, consisting of one tenth of a milligram of the one-tenth of one per cent. solution. Three hours after the injection the patient felt exhilarated and much stronger, which feeling lasted till the afternoon of the next day. I gave her an injection every other day, slowly and gradually increasing the doses. On September 24, 1891, I injected six milligrams, and on the next day the patient felt so weak and miserable that she had to keep her bed. Her temperature was  $96\frac{1}{2}^{\circ}$  at 10 A. M.,  $97^{\circ}$  at 1 P. M.,  $97\frac{1}{2}^{\circ}$  at 7 P. M. On the second day after the injection she felt much better, and her appetite was fair. I now waited four days, and then repeated the injection, but did not increase the dose. Her temperature never rose above  $99\frac{3}{4}^{\circ}$ . From November 20, 1891, till January 20, 1892, I gave her two injections per week, gradually increasing the dose to fifteen milligrams of the one-tenth of one per cent. solution. By that time the patient had gained three pounds in weight, her cough had disappeared, her appetite was good, and her sputum was occasionally free from bacilli. She, therefore, thought that one injection per week would suffice, and came only once a week to be injected. Now, however, she ceased to improve, the spells of weakness in the morning returned, and she lost her appetite. Therefore, I gave her again two injections per week (since March 23, 1892). Her improvement since that day was very rapid; her cough disappeared entirely, her bowels became quite regular, her nightsweats ceased, and her appetite was better than it had been before. She weighs at present 116 pounds, an increase of six pounds. She received sixty-four injections. Her residence is in East St. Louis, Ills.

CASE XXI. Male, aged twenty-five years; occupation, carpenter; height, five feet, nine, and one-half inches; weight, 136 pounds, general appearance, pale and emaciated. The patient had been sick about eighteen months. The apex of his left lung was affected. He had a dry, hacking cough, little expectoration, no sleep at night, constipated bowels, and nightsweats. His appetite was very poor. His sputum contained

bacilli (No. 2 Gaffky). His temperature ranged from 99° to 100½°.

I commenced to treat this patient on December 22, 1891, injecting half a milligram of the one-tenth of one per cent. solution, which, however, caused no reaction. I gave him an injection every other day, increasing the dose one milligram each time. After the seventh injection the patient's temperature became normal, his appetite increased, his cough disappeared, and he had gained four pounds in weight.

On February 3, 1892, I gave him an injection of three centigrams of the one per cent. solution. Examining his sputum on the following day, I found less bacilli (No. 1 Gaffy). The injection caused no reaction whatever. On February 16, I injected five centigrams of the one per cent. solution, which again caused no reaction, and this time I found no bacilli in the sputum. I treated the patient till March 9, 1892, on which day I injected eight centigrams of the one per cent. solution, but no reaction followed. He had by this time gained twelve pounds in weight, his cough and his nightsweats had ceased, his bowels were regular, his appetite very good, and no bacilli were to be found in his sputum. I therefore discharged the patient, telling him to report after one month.

On April 6, the patient presented himself at my office in better health and spirits than he had enjoyed for years. I did not find any bacilli in his sputum, and therefore discharged him as perfectly cured. For a month he had been working at his trade again, and his weight was 152 pounds, a total increase of sixteen pounds. He had received eighteen injections. He resides at No. 3700 Iowa avenue, St. Louis.

CASE XXII. Male, aged twenty-two years; occupation, none; height, five feet, nine and one-half inches; weight, 130 pounds. General appearance, hectic complexion, emaciated. The patient had been sick about two years. A prominent physician had advised him to go to Denver, Colorado, where the patient had spent the summer from beginning of May to October 3, 1891. Not deriving any benefit from the change of climate, he concluded to try the tuberculin treatment. I found a large cavity in his left lung. He had a deep, hollow, croupy cough with profuse expectoration, and constant and profuse nightsweats. His bowels were irregular, but his appetite was fair, so that he could eat one good meal a day.

His sputum contained bacilli (No. 10 Gaffky). His temperature was 96° at 9 A. M., 101° at 1 P. M., 102° at 7 P. M.

The first injection which the patient received, October 6, 1891, consisted of one-tenth of a milligram of the one-tenth of one per cent. solution. After one month's treatment, having gradually increased the dose to two milligrams of the one-tenth of one per cent. solution, I saw that the patient had not improved. His temperature ranged from 95° to 102½° during twenty-four hours. He had lost five pounds in weight and had no appetite. I, therefore, omitted the injections for some days, prescribed pil. hydrarg. (gr. xii) to be taken at bed-time, and a glass of Hunyadi-Janos water to be taken in the morning. After the sixth day the patient felt better, and I again injected tuberculin, giving him a dose of two milligrams of the one-tenth of one per-cent. solution. From that day for two weeks the patient's temperature was taken in the rectum, every three hours in the day-time. On November 20, I injected four milligrams, which caused no reaction, the temperature (rectum) being 99° at 9 A. M., 99½° at noon, 100½° at 4 P. M., and 100½ at 7 P. M. The patient improved slowly. On December 23, he weighed 129 pounds, still one pound short of his original weight. But his appetite became very good and has remained so to this day. At the present time (March 1892) he receives two injections per week, each consisting of five centigrams of the one-per cent. solution. His temperature does not vary so much in twenty-four hours. His night-sweats have disappeared entirely, and his cough is not troublesome. His sputum contains some bacilli (No. 1 Gaffky). His weight at present is 133 pounds, an increase of three pounds. He received sixty-five injections. His residence is No. 1401 St. Ange avenue, St. Louis, Mo.

CASE XXIII. Male, age thirty-four years; occupation, live stock dealer; height, six feet, two inches; weight, 164 pounds. General appearance, good; but cheeks slightly hectic. The patient had been sick about ten months. There was a small cavity in his upper left lung. His cough was not very troublesome, but his expectoration was very profuse. His sputum contained bacilli (No. 2 Gaffky). He had no night-sweats, his bowels were regular, and his appetite was fair. His temperature was 99½° at 9 A. M. and 100½° at 5 P. M.

On October 29, 1891, I gave him the first injection, the



dose being one-half milligram of the one-tenth of one per cent. solution, but no reaction, nor rise of temperature was perceptible. After the fifth injection, however, which consisted of one and one-half milligrams, the patient complained of soreness in the throat. This soreness which never lasted very long, set in after each injection, usually from three to six hours thereafter. When the patient had received the twentieth injection, consisting of one centigram of the one per cent. solution, his temperature became normal, the soreness in his throat disappeared, and he gained four pounds in weight. Since March 27, 1892, his sputum is free from bacilli. I still give him an injection of five centigrams of one per cent. solution every week, but if, after a few more injections, I find no bacilli again in his sputum, I shall discharge him as cured. At the present time he weighs 172 pounds, an increase of eight pounds. He does not cough at all, has no more expectoration, and feels as well as he ever did. He has received forty-four injections up to the present time.

CASE XXIV. Male, age thirty-eight years; occupation, cigar maker; height, six feet; weight, 145 pounds; general appearance, thin, pale, emaciated. The patient had been sick about two years. His right lung was largely infiltrated, but his left lung was free. There was a persistent cough and much expectoration streaked with blood. The patient had had several hæmorrhages, had nightsweats, his bowels were irregular, but his appetite at times was fair. His sputum contained bacilli (No. 6 Gaffky). His temperature was  $99\frac{1}{4}^{\circ}$  at 9 A. M.,  $100\frac{1}{8}^{\circ}$  at noon,  $101\frac{1}{8}^{\circ}$  at 3 P. M., and  $100\frac{3}{8}^{\circ}$  at 7 P. M.

On September 6, 1891, the patient received an injection of one-tenth of a milligram of the one-tenth of one per cent. solution, and eight hours after the injection his temperature rose to  $102^{\circ}$ . He also felt very sick at his stomach, this feeling lasting about two hours. Three days after, I again injected one-tenth of a milligram, and this time his temperature did not rise so high, nor did he feel so bad. He was very susceptible to the effects of tuberculin, and for this reason I took the greatest care not to increase the dose too rapidly. During the first three months of the tuberculin treatment, the patient's condition remained unchanged, but after that he began to improve slowly, but surely.

On December 25, I injected one centigram of the one per

cent. solution, and twenty-four hours after the injection his temperature rose to  $101\frac{1}{4}^{\circ}$ , but no other bad results followed. I did not increase the dose till February 20, 1892, when I injected eleven milligrams of the one-tenth of one per cent. solution, but there was no reaction this time. On February 22, I increased the dose again, and the patient has since that time received two injections per week. At present he receives doses of three and one-fourth centigrams of the one per cent. solution, and no reaction follows. His temperature ranges from  $98\frac{3}{4}^{\circ}$  to  $99^{\circ}$  in twenty-four hours. His cough has greatly diminished, his appetite is good, and his bowels are regular. He sleeps well and has had no hæmorrhage, since he commenced to be treated with tuberculin. His present weight is 148 pounds, an increase of three pounds. He has received sixty-seven injections up to date. His residence is in Belleville, Ill.

1223 St. Ange Avenue.

INSOMNIA AND ITS TREATMENT. BY A. D. BARR, M. D.,  
Calamine, Arkansas.

Before entering into the consideration of insomnia, it will be necessary, to first consider the physiology of sleep. This cannot be so well understood without at least briefly considering the relation of life to other forces. The animal body depends upon the utilization of forces, such as light, heat, etc., for the maintainance of its existence, and it is the mutual convertibility of any one force into any other force that gives the phenomena of animal life. The animal body produces a definite amount of force, which is converted into the different forces required to carry on all the functions of animal life. If any function becomes deranged, or weakened the force that it normally utilizes, may cause the derangement of another function, by it receiving more than its proportional part of the total amount of energy produced.

Health consists in the production of a definite amount of energy, and its convertibility into other forms of energy, and the utilization of energy according to the work required by the different functions.

Whatever the cause may be that produces sleep, it is necessary that the brain become depressed, or less active than during the waking state. In different articles published on sleep, I

have called attention to the fact, that *sleep never* takes place without a fall of the body *temperature*, and that when sleep has been lost to any considerable amount the temperature remains below the normal, if the person remains quiet, till sleep has been prolonged a sufficient length of time to compensate for that which was lost. Therefore, I believe that the *brain transforms* other forms of energy into conscious energy or intelligence, and that the different functions of the body consume the energy produced by the body, faster than it is produced, during the waking state, the result of which is the temperature is reduced, and if all the different functions of the body receive their proportion of energy sleep takes place.

When wakefulness is purposely maintained, it is done so by the brain utilizing force that does not properly belong to it, and as a consequence the system is weakened which shows more especially on the digestion. During sleep the brain does not convert other forms of energy into conscious energy, to any considerable degree; hence the state of unconsciousness. During sleep the demand for energy is not so great as during the waking state, and as a result, after sleep has been prolonged a sufficient length of time the temperature is raised. I shall consider insomnia a functional affection of the brain, characterized by a morbid wakefulness; and leave all other forms of insomnia, that are associated with diseases to be considered with the disease to which each belongs.

Of all the causes of insomnia, that due to over-work of the brain stands first. Prolonged study, constant application to business; literary pursuits, etc., are fruitful sources of insomnia; and are called the insomnia of cerebral hyperæmia. That cerebral hyperæmia is present is beyond doubt, but that there is any more blood in the brain at this time than is necessary for the activity of the brain, or is present in the brain when mental labor is performed during the waking state is not so clear. The cause that produces the hyperæmia in insomnia is the one that demands consideration, and if that cause can be removed, before any organic changes have been effected, the result is the cause of this most distressing disease.

During any labor that requires the ceaseless attention, the brain is the organ that utilizes the principal portion of the energy produced by the economy, above that required for nutrition. Like all other organs, the more the brain is used,

within certain limits, the greater becomes its capacity for work. When this limit is over-reached, the brain transforms the energy due to some other function of the body into its work, and the result is, the brain is active, and sleep cannot occur though the entire energy produced is less than that produced during health, in the waking state, and if this condition continues long the brain becomes weakened by its over-activity.

A person who is subject to insomnia is usually able to sleep an hour or two during the night, but it is often disturbed, and on awaking the feeling is one as though no sleep had been obtained.

The appetite is impaired, and the strength is reduced as a consequence of the unequal distribution of energy thereby causing the destructive metamorphosis to be greater than that of constructive.

Aside from over-work, anything that over-stimulates the brain will cause insomnia.

Tea, coffee, and all other stimulants that produce wakefulness, do so by their stimulant effect; which consists in enabling the brain to transform more *animal heat into nervous energy* than it can when not under their influence; or rather enables the brain to be more sensible to a less degree of heat.

The rational treatment of insomnia consists in rendering the brain less sensitive to a lower degree of heat than that normally possessed by the body during the day time; say an internal temperature of 99°F.; and toning up the other functions of the body. As the amount of heat in the brain, and its power to transform heat, depend upon the amount of blood in the brain, anything that will lessen the amount of blood, will tend to produce sleep. Chloroform applied to the forehead or back of the head, will often produce sleep, in insomnia, that will last for several hours. It should be poured on a handkerchief and bound to the head, and let remain as long as the burning can be endured, then moved to another, and should be entirely removed as soon as desired symptoms are manifested.

The action of chloroform thus used is two-fold, first: by its counter irritant effect it depletes the brain; second, the amount absorbed depresses it. Acetanilid in three to six grain doses, given from one-half to an hour before sleep is desired is an excel-

lent hypnotic. It acts best given after the patient has retired or immediately before, so that a quiescent state is secured as far as possible. The action of chloral, as a hypnotic is too well known to require more than a passing notice. While chloral may be more certain than acetanilid in its action, the latter is to be preferred if it will produce the desired result, as it is followed by no bad after effects. Sulphonal, paraldehyde, urethan and chloralamide, all have a place in the treatment of insomnia.

Morphine should never be given as a simple hypnotic, unless it is found to be the only remedy that will act. Alcohol, and other stimulents sometimes act as hypnotics, especially in the insomnia of the exhausted, from whatever cause. Its action in this condition is to be explained, I think, on the ground, that during exhaustion the system is so depressed that the different organs cannot use their proportional part of the energy produced, and the brain being the organ in which the transformation of energy is by far the most active, and the other organs not properly acting, the result is the brain is over active, though the energy produced is below the average amount.

The action of stimulants in such cases, so changes the action of the different organs as to enable them to properly perform their functions, and the excess of energy used by the brain is withdrawn from it and the result is, sleep takes place.

When insomnia has continued for any length of time, the functions of the different organs will be deranged. Therefore, general tonics and careful attention to the diet is of utmost importance.

Other remedies not medicinal have a place in the treatment, such as baths and electricity, but their action is the same as tonics.

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Warren Insane Asylum, in Pennsylvania, is said to be conducted in an improper manner. Complaints now in the hands of Governor Pattison and the State Board of Lunacy cite "the most brutal outrages on the part of those in charge of the insane patients." The charges are sworn to by sufferers and spectators.

FROM SCROPHULOSIS TO TUBERCULOSIS. A Lecture delivered at the St. Louis College of Physicians and Surgeons. By LOUIS BAUER, M. D., M. R. C. S., Eng., Prof. of Principles and Practice, Clinical and Orthopedic Surgery ; Consulting Surgeon to the City and Female Hospitals, St. Louis.

There was indeed a time when the profession stood sorely in need of a *pons asinorum* to cover its shortcomings. The term "scrophulosis" has served as such for generations. Koch has discovered another Shibboleth in the shape of the *bacillus tuberculosis*, exploding the strumous theory and leading to the very same extravaganza which the latter, up to a recent date, occupied.

We have been in the medical arena nearly three decades, hence, have waded through a good part of its history and shared in its errors! We have lived through the sanguinary period, in which the lancet was the main benefactor to suffering humanity and we have sacrificed the precious blood of our patients and our own, under absurd pretences.

The scientific dissertations to which we have devoutly listened in the lecture-room, we have more or less retained in our memory and we meet them incidentally in that portion of our library which refers to that period. The amount of learning employed in the special pleading, in *favor* and eventually *against* depletion, is certainly amazing and worthy of a better cause.

The strumous theory was carried even beyond the limits of rational endurance. "The entire human race was of course infected with this *deus ad machina*. Blonde hair indicated the *florid form* of scrophulosis, black hair the *torpid type*; the only person above suspicion was the one without hair at all!"

When we left Europe in the year 1853, the strumous idol had undisputed sway over the professional mind! On our arrival in the United States, its tenets were equally revered and carried out.

In devoting especial attention to the treatment of deformities of all kinds, our time was soon taxed with such deformities having emanated from articular diseases.

In endeavoring to correct shape and position we employed mechanical and operative means and measures; and, by them we not only succeeded in improving the form, but *likewise* the joint affection. Our success was so striking that we steadily

persisted and improved the local treatment. Finding that local improvement was likewise attended by *constitutional amelioration* of our patient, we naturally arrive at the conclusion: 1°. That articular diseases were generally provoked by local, especially by traumatic causes. 2°. That their advance and chronicity depended more on the infantile construction of the joints, and on the misuse of an already traumatically compromised articulation, and in fine, 3°. That the constitutional disturbances were almost invariably the reaction of the local disease and not its cause.

With this knowledge, acquired by diligent study and clinical observation, our emancipation from the strumous heresy, was achieved. From that time on we have propagated the new doctrine and fought by tongue and pen against scrophulosis as the ætiological source of articular lesions.

It requires no further showing that our initiation in the matter was frowned down as superarrogation and unqualified impertinence! Few deemed it worth their while to meet our arguments! To most of them the strumous theory was a settled dogma!

Three events appear on the horizon of our memory, which will show to what a degree of self-satisfaction the strumous faith may mislead even the luminaries of our profession.

If we are not mistaken, it was in 1863 that we received a pressing invitation to attend a meeting of the New York Academy of Medicine. For some under-ground purpose, in which we were not concerned, a discussion "on joint diseases, their causation and treatment" was impending! The venerable Prof. Post of the University Medical College, was entrusted with the opening of the debate.

His paper set forth two theses: 1°. That all joint-diseases originated in scrophulosis, particularly hip disease, and 2°, that Davis' *extension* apparatus was the great panacea for that lesion.

In the same tenor the views of the leading members of the academy were expressed, with the exception of Prof. Raphael who adduced his own individual case in opposition.

That gentleman exhibited his vigorous and portly physique at a weight of more than two hundred pounds with the usual concomitants of passed coxitis, and asked the advocates of scrophulosis, whether they could discover the strumous taint in his corporation. Yet, he had received the victim of coxitis

from most of its attending physician for a number of years and swallowed gallons of rancid cod-liver oil to relieve him from the assured strumous disease of his hip-joint!

None of the members arose to sustain the diagnosis in Prof. R's case, notwithstanding nothing emphatically agreed with Prof. Post.

By special request of the president we were urged to give our pathological version on the subject matter under deliberation and we did so, in very few words. "With all due veneration to the worthy Nestor of the New York profession we could not share in his logic. Either coxitis originated in a constitutional vitiation of the patient, then Davis' splint could not cure it. Or, if that contrivance exercised any beneficial curative effect in hip-joint disease, it was the most direct evidence that the trouble was local in its origin and character."

A motion of adjournment prevailed! Thus ended the famous debate at the New York Academy of Medicine.

On a visit to Vienna in 1866, we were introduced by Prof. von Dumreicher to the Medical Society of Vienna, a physician's organization closely connected with the university, the venerable Prof. v. Rokitsanski being its presiding officer at the time! As a matter of courtesy we were invited to address the distinguished assemblage on a subject of our own selection. We had nothing better to offer than a philippic against scrophulosis. Hardly engaged five minutes in this enterprise, our discourse was somewhat noisily interrupted by Prof. von Scoda, who seemed to be greatly offended by a "pretentious outsider" who dared to remonstrate against a pathological theory held and taught by most members of the society. Both courteously as promptly we asked the offended scientific autocrat "to grant us but five minutes!" Without an answer, he remained at his place, but in so defiant a position as if he kept ready either to go for us or his home.

This little pause we employed to put the question to Prof. Rokitsanski, "whether he had ever come across a definite pathological anatomy of scrophulosis?"

His prompt answer in the negative had the effect of Mrs. Winslow's Soothing Syrup in allaying the individual excitement, allowing us to finish our address without further interruption.

Some years ago we responded to an invitation with a visit to the late Prof. Joseph Pancoast. On our arrival we were



promptly taken care of by that gentleman! The three days we sojourned with him at his elegant farm in the neighborhood of Philadelphia, we count among the most enjoyable and *profitable* ones of our life. On our return to the city we dined with the Senior Prof. Gross and accompanied him by invitation to his clinic. From the very large audience and the number of patients collected with glandular affections, we had to expect a clinical demonstration against our well known anti-strumous opinions.

After a brief introduction Prof. Gross sallied forth and reproduced the usual vocabulary and arguments to sustain his side of the pending question.

Among other evidences he presented close to our nose some lancets covered with pus, just obtained by opening some glandular abscesses, it being of creamy consistency and of good quality generally, challenging us repeatedly whether we did not recognize the same as strumous matter?

After having exhausted the controversial ammunition Prof. Gross graciously acceded the floor to us. Our reply was of course, spirited and pointed. The pus furnished the best defence and enabled us to carry the war direct into Africa! He had no answer at all to our request, "to point out to us and to the audience, the scrophular peculiarities of the pus." When the audience withdrew their customary theory had certainly not held its fortification.

It required no assurance that our opposition against a false doctrine could have no other prompting, than the solemn conviction that we had the right and stubborn facts on our side! Moreover, that it was our sacred duty to science and suffering humanity to destroy erroneous doctrines and replace them by rational understanding of the actual difficulties. Having thus materially contributed to vanguardish so mischievous an error, we could now content ourselves with the result attained, did not the eccentric ideas about tuberculosis threaten with a similar imposition.

It is but for the purpose of timely warning, that we have recited the history of the past and to remind the profession not to be again deluded or misdirected by personal abstraction of plausible writers, but to insist on irrefutable proofs.

We reserve to ourselves the privilege of returning to the same subject anon for more elaborate discussion.

**IMPETIGO, THE EPIDERMAL ABSCESS CAUSED BY PUS-COCCI.**

A paper read before the Aertzliche Verein in Hamburg, Germany, by Dr. P. G. UNNA, January 12, 1892. Reported especially for the ST. LOUIS MEDICAL AND SURGICAL JOURNAL.\*

(Concluded).

*Pediculi capitis* have but a trifling direct ætiological relation to impetigo, so far as spreading the pus goes, since they usually keep themselves above and away from the skin of the scalp, among the hairs. They, however, contribute indirectly to the spread of the disease by causing scratching.

*The subjective sensations* of impetigo are so slight that many, even adults, remain in ignorance of the existence of impetiginous upon their persons. Especially to be noted is that they do not itch like the eczemata. Even the largest pustules cause but a slight sensation of painful tension. They, therefore, rarely occasion scratching, and this act, so powerful as an agent of dissemination, is caused by other dermatoses, or by the contact of clothing, the comb and brush, etc. In this very characteristic, gentlemen, lie so many differential diagnostic points that I can very well dispense with a more elaborate differential diagnosis, especially as the latter has yet to be worked out with the platinum wire and gelatin tube in hand. I, therefore, briefly turn, in conclusion, to the histology of the affection, which is even more characteristic and interesting than the microscopic picture.

I think I do not err in taking for granted that you, like most of the colleagues with whom I have conversed on this subject, have in your mind's-eye a microscopical picture of the pustule widely different from the actual fact. We have all been so well drilled after Cohnheim that involuntarily we picture to ourselves the dilated vessels with marginal arrangement, and mantle of leucocytes as the central point of every pus formation, and consequently of every pustule. Only those who have studied the very interesting works of Leber on "Inflammation," or of Pfeffer on "Chemotaxis," and have thus learned to view the process of inflammation in a new light will at once find themselves at home in the pictures that will be presented.

The impetigo pustule is, briefly, a lentil-shaped mass of

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\*Translated by Dr. Oscar Treutler, St. Louis.

pus lying between the horny layer and the intact papillary layer—only this and nothing more. Between the horny layer and the pus-lentil are clustering masses of pus-cocci, usually gradually growing thinner from centre to periphery. Here we find them (pus-cocci) with certainty, while in the centre of the pus mass we find them but sparingly and exceptionally. They occur, however, no longer in masses but isolated, discrete, and scantily. In the papillary layer, to say nothing of the cutis (where, *à priori* one would most naturally look for them), they are totally absent.

The cocci, when they have found their way, through some rift, beneath the horny layer, immediately form a mantle of pus around themselves. The leucocytes, evading the normal resistance offered to their passage by the papillary layer, collect in haste, and encapsulate them and hold them imprisoned beneath the horny layer. There is no possibility of the cocci forcing their way into the papillary layer, much less into the vascular connective tissue, and therefore the inflammatory process affects the capillaries but slightly or not at all. Beyond a trifling dilatation, all that we can usually observe is a few capillary vessels in the immediate centre, from which the leucocytes are escaping, and this escape is rarely a numerous one. Likewise the surface of the papillary layer, in immediate contact with the drop of pus, contrary to what we might imagine, is not evenly and richly supplied with the wandering cells. They must have "sneaked in" so to speak—obtained an entrance in an indirect manner.\* Manifestly the drop of pus has caused an intrinsically small, but, by its persistence, quite sufficient emigration of leucocytes from the superficial capillaries.

The pus-drop, then, we find always, but the vascular phenomena we must search for, and when we find them, they stand apparently in no adequate quantitative relation to the results, viz: the superficial abscess. It is plain that we must seek for the paradigm for this histological phenomenon not in the elementary researches of Cohnheim, on the frog mesentery, so much, as in the investigation of a cornea in whose bottom there lies a substance attractive to pus and which, sunk in the hypoderm, or anterior chamber, fills itself with pus attracted

\* Among other ways, for instance, through the coil-glands, opening into the pustule.

from a great distance. The pus-drop of impetigo resembles, in the most exact manner, the pus-drop in such a cornea. Next to the researches of Leber on the eyes of rabbits, phenomena of impetigo furnish us with the nicest and most drastic confirmation of chemotaxis coming into consideration as a prime factor in the formation of pus.

I have never found in pure, uncomplicated cases of impetigo a necrosis of the adjacent epithelium, though I have found such in cases which had undergone treatment.

I must leave to future investigation the question whether staphylococci ever produce in the papillary layers as they do in the cornea, a necrotic zone with a demarking leucocytic wall—a phenomenon, by the way, not impossible under certain conditions of infection. It is just here, that in the interests of the clearness of the clinical picture, the greatest care becomes necessary. The events assumed by me to take place at the base of the pustule, beside their agency in the encapsulation of the pus-drop in older impetigines by cornification and cell division, are concerned in those secondary changes of the pus-sac, the swelling of the pavement epithelium which occurs when the exudation continues after the death of the pus-cocci and, losing its purulence, becomes serous.

I do not care to go further into histological details at present, especially as I propose on another occasion to treat of them exhaustively. I desire merely to emphasize the position, won by me through histological methods, in so far as it bears upon certain unsettled scientific debatable questions and certain practical conclusions.

The origination of furuncles from impetigines is a process as simple as that of impetigo itself. In this opinion, it is true, I differ somewhat from Bockhart, who attributes the crust of the abscess to the follicles, and from Eserich, who attributes it to the coil-glands in case of the so-called infantile abscesses. Furuncles, are not necessarily pus-infected follicles although the latter almost always serve as the starting point. The coil-glands are invariably only secondarily attacked by pus, and (as an old adherent of the coil-gland theory, it hurts me to confess it) never serve either as the post of entry, nor point of departure, of furuncles and abscesses; not even, so far as I have observed, in sucklings.

Furthermore, guided by my experience, I doubt very

seriously the appearance of "metastatic" impetigines, in the sense used by Hebra. In all the cases of impetigines found on the cadavers resulting from lethal infectious disease, as mentioned by me heretofore, I found the cocci just under the horny layer of the skin and never as vascular emboli. Why, recently, I stained, with a view of bringing out the cocci, a specimen taken from a case of pyæmia when impetigo was present, and which I had kept with a certain degree of reverence for many years, and found the cocci, not as I had expected, in the vessels, but in the remains of a lanugo bulb! Even Hebra, senior, would have found this external method of infection, if he had known it, more congenial than his "metastasis" hypothesis which he evidently assumed as a sort of a make-shift. I would also like to call attention to the significant fact that the horny layer covering many impetigines harbors such multitudes of staphylococci (and generally pure ones at that, staphylococci free from the many otherwise frequent bacteria), that it becomes easily understandable how, on the one hand, very slight influences, such as friction, warm poultices, a watertight covering, etc., can even after an apparent cure, bring on returns and relapses of impetigo; and on the other hand that impetigoes may extend over such unconscionable lengths of time, particularly impetigoes of the face. I consider that a sure simultaneous sterilization of the epidermis down to the basal horny layer by any external, non-corrosive application, is an impossibility. A radical treatment of the older cases succeeds best when prosecuted under methods analogous to the intermittent sterilization of culture media.

Finally I would state, as another result of my experiments, that in spontaneously originated impetigines, in no stadium have I found staphylococci within the leucocytes. The cocci, usually in cluster-shaped colonies were always found surrounded by leucocytes, dead *in vivo* and which took a stain poorly, but the penetration of the same, described by so many observers as witnessed in other purulent diseases, was never witnessed. At least Dr. Walker, of my laboratory, who always verified the results of my sectional preparations by means of cover-glass preparations of fresh impetigenous matter, never succeeded in finding any such condition. If it ever occurs in impetigines it is exceptional.

With these short remarks I will bring my re-presentation of

the histology of impetigines to a close. This much, doubtless, will be conceded, that we have a well-grounded right to speak of true superficial or epidermal abscesses, and further, in the complete histological uniformity of all efflorescences which correspond to the clinical phenomena above set forth, the duty is incumbent upon us to maintain and insist upon the acceptance of this clinico-histological syndroma as the *type of purulent diseases of the epidermis*.

If this is admitted, it follows that a large number of pustular diseases, to which we in recent times have ascribed the same genesis, but which yield entirely different results, histologically, must at once be removed altogether from the category of impetigines. Until proof of an etiological connection is established we would suggest that the adjective "pustular," instead of "impetigenous," be applied to them. Thus, for example, I have recently been endeavoring to narrow down the mixed infections with pus cocci occurring in tuberculosis as well as in syphilides of the skin. I do not go so far as to demand that the histological picture of the impetigines as portrayed by me shall be exactly reproduced in mixed infection of the skin. On the contrary we must just there expect to find modified histological phenomena; but the simple demonstration of the presence of pus cocci by cultivation, which was formerly sufficient evidence for me to accept a mixed infection (in the scrophulodermata, for instance) will no longer suffice; since, from the anatomy of impetigo and furuncle, the prime fact appears that the pus cocci always surround themselves in the epidermis, as well as in the cutis, with a wall of leucocytes which they never overstep. Viable staphylococci, without the mantle of pus, will therefore be found only within the horny layer or the hair sheath, where they can multiply up to a certain degree, only, without causing the formation of pus. In the papillary layer and cutis, on the contrary, one can, in the absence of miliary abscess, with certainty exclude the presence of the pus-bearing staphylococci.

By their seat solely under the horny layer, by their pus color; by the fact of their being single chambered; by the absence of depression; by their rapid development and simple, slow desiccation, without oozing or coagulating secretion; by the absence of inflamed area and base, serous vesicular

origin, subjective sensations and later of scar formation; by the absence of typical size and localization, by all these is impetigo, caused by the white and yellow staphylococcus so excellently characterized that it can never be mistaken, whenever it occurs uncomplicated.

But the question whether there are not pyophorous organisms other than the known staphylococci which might cause the same or similar pus vesicles, is yet to be answered. Indeed, I am of the opinion that certain staphylococci and bacteria too, that cause epidermal abscess are similar to those described.

To prove or disprove the existence of these, and if possible to differentiate them clinically, will be one of our next tasks in the near future, as well as the proof of the differences presented by the phenomena of the pure staphylogenic impetigo and those of the mixed infection. It will be that the manifest conception of the impetigo of Bockhart must be widened into a conception of a family which embraces all epidermal abscesses in so far, at least, as they are induced by pyophorous micro-organisms. Our impetigo would then demand a more rigorous terminology, and would be called *impetigo staphylogenes*.

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**Fine Diagnosis.**—Dr. Lauder Brunton in a recent address laid great emphasis on the necessity of care in diagnosis and gave some amusing instances of errors in this important part of a physician's work, due to too hastily formed opinions. In one case he was among a class of students around a man suffering from heart disease, when it was noticed that the pupil of one eye was much more dilated than the other. At once numerous more or less learned suggestions were made to account for the mydriasis. Eventually the man informed them that the eye over which there had been so much animated debate was a glass one. Another instance related to a learned professor who used to boast that he could tell much concerning the medical history of his patients by their teeth. When holding forth on his favorite theory one day he was considerably disconcerted by the patient taking out the complete set of masticators, and saying: "Perhaps the gentleman would like to look at them closer."

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### AMERICAN MEDICAL ASSOCIATION.

The Detroit meeting of the Association was, without doubt, one of the best that it ever held. The attendance was quite large and a great deal of work was done both at the general meetings and in the Sections. The latter were thoroughly organized and well attended, the members there seeming to take more than an ordinary show of interest. This meeting amply demonstrated the fact that a little effort on the part of the members is capable of accomplishing great good and of showing a great deal of the best kind of work.

The "new-code" men created quite a sensation, the question being revived as to their acceptance as delegates to the Association. The conclusion reached was to leave them unmolested for this year and, on resolution, a committee of the Association was appointed to confer with the New York Society in order to see if ways and means could not be devised whereby harmony could be secured. For a time, a large sized row appeared imminent, but wise councils prevailed and white-winged Peace complacently flapped her expansive wings over the turbulent members.

The social features of the meeting were numerous and well planned. The receptions, carriage rides, yachting excursions, etc., were judiciously planned and every one found enjoyment to his heart's content. In fact, the Detroit profession did everything in its power to make the occasion one long to be remembered.



The Pan-American was Congress represented by a goodly number of its Board of Trustees who reported good progress. Dr. Wm. Pepper, the President, and Dr. Charles A. L. Reed, the Secretary-General, addressed the general meeting in behalf of the Congress. They made an appeal for funds requesting the members to enroll themselves as members of the Congress and pay the dues in advance, thus ensuring funds sufficient to pay the necessary preliminary expenses. The call we are pleased to state, was responded to generally.

The sections all did good work and elected each one an executive committee of three. These will constitute the managing committee of the Association to whom all matters of a legislative nature will be referred. In this manner much valuable time will be saved and matters expedited. The choice of Milwaukee as the next meeting place was rather a good one, although it did seem that another section of the country should have been chosen. It is located, practically, in the territory of Detroit and it would seem almost as if the Northwest had too many meetings. However, good attendance is already predicted so that we may expect better work than ever. As to the city, it is hospitality itself.

#### EDITORIAL NOTES.

DEATHS FROM SWALLOWING ARTIFICIAL TEETH SEEM TO BE QUITE NUMEROUS.—The case reported in the daily newspapers last week (*Brit. Med. Jour.*), of a police constable who met his death from the impaction of a set of artificial teeth in the neighborhood of the larynx should draw general attention to a danger to which many are daily exposed. It will be remembered that in this particular case the constable, summoned by the whistle of a comrade conveying a prisoner, whom there was an attempt to rescue, to the police station, came running up and took hold of the arm of the prisoner, but almost immediately fell to the ground. He was at once conveyed to King's College Hospital, but died on the way there. The post-mortem examination revealed a set of false teeth impacted just above the larynx, and this had caused death from suffocation. The report adds that the teeth were of inferior make and no doubt became loosened through the deceased running. Year after year there are recorded cases of death from swallowing artificial teeth and probably many occur

which are not reported or even suspected. As a rule these artificial teeth are what is known as "partial cases," where a few teeth are mounted on a small plate, with clasps attaching them to two or three of the remaining natural teeth. These plates may be so ill-fitted as to be loose from the first, and thus easily displaced; but more often the supports—the natural teeth—decaying little by little, the hold of the plate becomes very precarious, yet so gradual is the loss of anchorage that the patient in some instances hardly notices it, and by means of the tongue and the opposing teeth of the other jaw, keeps them in position, while the muscular movements are unconsciously performed. The danger in this latter class of cases is the greater because of the insidious growth of its cause. It has been urged that these small dentures ought never to be inserted, but this contention is hardly practicable; the dentist, however, should always impress upon his patient the necessity of seeking advice should they become loose, especially where they are worn during sleep. The extraordinary foolhardiness which is sometimes displayed in such a case is shown by the following history. A man wearing a gold plate carrying three or four front teeth attached by means of clasps to the bicuspid returned home one night after a carouse, and, in attempting its removal, allowed it to slip down his throat. After waiting patiently for three days he found, to his joy, that it had passed per rectum and he proceeded straightway to place it in its proper position. He saw his dentist a few days later, and told him that he had taken aperients, and passed a great part of his time looking for the lost teeth. The plate was green and slimy, but nothing could induce him to have it removed from his mouth or to have a frame made which would be impossible for him to swallow. However, it is not always the small artificial sets which have been the cause of death by suffocation, for the pharynx is sometimes large enough to accommodate a whole upper suction case, and in the museum of Middlesex Hospital there is a preparation showing a loin mutton chop, including the bone, impacted in the pharynx, which is surely as large as anything made in the way of artificial teeth.

**THE CURE OF ADVANCED RABIES.**—In connection with Professor Murri's paper recently published, the following detailed account of the important experiments therein referred

to may prove of interest. Our readers are already aware of the treatment of tetanus by inoculation (*Brit. Med. Jour.*), as practiced by Professor Tizzoni of the University of Bologna—a treatment the success of which has emboldened the same indefatigable experimentalist to attempt, on similar lines, an improvement on the Pasteurian method of dealing with rabies canina. That method, says Professor Tizzoni in his memoir, presented to the last meeting of the Accademia dei Lincei, seeks to hinder the development of hydrophobia, but has hitherto failed of effect after the primary symptoms of the malady have set in. It is to the latter condition—that of developed hydrophobia—that he accordingly addresses himself, and the following is a summary of his *modus operandi*. He had already proved, in conjunction with Schwarz, that the serum from the circulation of an animal rendered proof against the hydrophobic virus reveals a disinfectant action, destroying the said virus when introduced by inoculation into rabbits, and this for an interval of time of about forty-eight hours. He next verified the validity of the doctrine laid down by Valli at the beginning of the century that the substance of the nervous system of rabid animals when subjected to artificial digestion loses its toxicity, and, moreover, when injected, that it acts like the medullæ of Pasteur, endowing the inoculated animals (always rabbits, as being more alive to the infection) with resisting power against rabies. So he set himself to inquire whether in the serum of animals rendered virus proof there might not be contained an active principle capable of withstanding the hydrophobic infection. As the result of his experiments he found that the said serum destroys the virus of rabies not only *in vitro*, but even in animals in which the virus had been inoculated in the most certain of all ways by means of the sciatic nerve. Not only does the serum of virus-proof animals prevent the development of rabies, but it cures hydrophobia even when it is already established—e. g., with such unmistakable symptoms as paralysis of the lower half of the body, nervous prostration, fever, diminution of weight, and the general aspect characteristic of the rabid animal. For his own method, the Bolognese pathologist claims a distinct advantage over that of Pasteur, as being efficacious even when the virus of rabies is already diffused throughout the nervous system, its efficacy having failed only in cases in

which concurrently with the infection there were profound anatomical lesions. In man, consequently, recourse to the counteracting treatment should be had in the first period of the infection, as soon as this is revealed by its characteristic and numerous phenomena. No great quantity of the liquid is then required, and it may be injected hypodermically or into the bloodvessels, care having been taken that it loses none of its virus by exposure to light and heat. Professor Tizzoni (assisted by his colleague in the Bologna Laboratory, Dr. Centanni, of whose co-operation he makes due acknowledgment) claims, by special methods and special solvents, to have succeeded in extracting from the medulla of a hydrophobic animal the vaccinating substance, deprived of its toxicity, which forms the active agent of the Pasteurian treatment. This substance, used as a prophylactic, invariably preserves infected rabbits; but when the treatment has been begun seven days after infection it is quite inoperative. If, then, instead of resorting to the substance above mentioned, the serum of vaccinated animals be employed, advantage is taken of the "immunifying substance" (as Professor Tizzoni calls it), already elaborated in the organism of the virus-proof animal, a substance which acts directly on the poison of rabies. In other words, the vaccinating substance remains inert when the malady is developed; the "immunifying substance" (*sostanzo immunizzante*) enables us to combat the poison in cases where hitherto intervention of any kind has been unavailing. Professor Tizzoni and Dr. Centanni are so satisfied of this that they await with confidence the application of their method to man, and meanwhile promise to make their clinical experience *publici juris* as soon as a sufficient number of test cases have come under their cognizance.

THE CARE OF THE FEEBLE-MINDED.—This is a class of persons for whom at present scarcely any provision is made, but public opinion has of late been directed to the subject (*Lancet*). In 1888 a committee was appointed by the British Medical Association to inquire into the physical condition of the child population, and amongst the 3,931 pupils in ten public elementary schools, thirty-one were found to be "exceptional" children. In July, 1890, the council of the Charity Organization Society appointed a special committee "to consider and report upon the public and charitable provision made for the

care and training of feeble-minded, epileptic, deformed, and crippled persons," and over 50,000 children passed under review. Notes were taken of 9,186 of these, and an interim report, giving a full account of their condition and other particulars, was last year published by the Charity Organization Society. The class under consideration are not imbecile, and cannot be dealt with under the Idiots Act of 1886. They are the backward pupils of the schools, and though special training for such cases has for some time been in operation in Norway and Germany, in England nothing had been done for them up to last year, when the London School Board determined to train those under their care. Later in life these untrained cases frequently become inmates of workhouses, from which they go out from time to time, and the result in the case of girls and young women is very often their disgrace and ruin. The National Vigilance Society found that during the year 1889 no fewer than 715 weak-minded women passed through 105 workhouses, and that at fifty-six workhouses the approximate number of women who were leading immoral lives were 366. The Metropolitan Association for Befriending Young Servants has frequently had to cope with the difficulty in the case of the girls under their charge. A special committee of the association has taken the matter in hand, and are now occupied in making provision for thirty of these cases who will be housed in a cottage, and be occupied with the laundry work. Meanwhile, Birmingham has carried out a plan for improving the feeble-minded adults who reside in the town. The promoters of the scheme have set up a laundry, and surrounded it with cottage homes for a colony of these cases. The expenses will be paid partly by the work of the colonists, partly by the contributions from their relatives and, when they have none, partly by the poor-law guardians, who will thus be freed from the responsibility of looking after them. A certain number of these women are epileptic, and they are not included in the scheme above mentioned. Dr. Ewart has recently read before the Medico-Psychological Association a paper advocating the provision of "epileptic colonies." Industrial training under medical supervision is what these cases require. Dr. Ewart's idea is to provide a number of cottages or homes with a sufficient amount of land and workshops to provide agricultural and industrial employment

for the inmates ; and last, but not least, a laboratory for the study of epilepsy by a skilled pathologist. Such institutions have for some time been in operation on the Continent and in the United States, but so far no place of this nature has been provided in Great Britain. In homes such as these, the feeble-minded and epileptic, under the influence of skillfully applied discipline, would lead happy and useful lives. We commend this movement to the notice of the charitable and to the county councils. At present these feeble-minded cases degenerate, and for the whole of their lives are costly to the community ; while under the new system, they would be able in a great measure to pay for their maintenance.

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### Microscopy.

#### Modification of Fraenckel's Stain for Tubercle Bacilli.

—The stain is prepared by dissolving one part of fuchsin in one hundred parts of a five per cent. aqueous solution of phenol, and adding to the solution ten parts of absolute alcohol. [As absolute alcohol costs very much more, relatively, than ordinary alcohol of the pharmacopœa (96°), it would be cheaper to use less of the aqueous solution of phenol, and a higher percentage of alcohol. F. L. J.]. A sufficient quantity of this stain is poured into a watch-glass, and the latter is held over an alcohol lamp until steam arises freely from it, but not allowed to boil. The cover-glasses, prepared in the usual way, are floated on the stain for a couple of minutes, which is quite long enough if the right temperature has been obtained. Immediately after their removal from the fuchsin solution, the cover-glasses are immersed for one minute in a liquid prepared by dissolving from one to two parts methyl blue in one hundred parts of twenty-five per cent. sulphuric acid until a deep color is obtained. They are then flooded with water, dried, and mounted in balsam. The whole process of staining and mounting occupies about six minutes. This method is lauded as preferable to any other.

The American Microscopical Association will meet in Rochester, N. Y., August 9, and not August 10 as heretofore announced.

**The Microscopical Journals.**—Mr. Chas. W. Smiley, who for years has been editor and proprietor of the *American Monthly Microscopical Journal*, has recently acquired the *Microscope*, hitherto edited and published by Dr. Alfred C. Stokes, of Trenton, N. J., and will henceforth issue both journals from Washington. In the May number of both journals there appears a very frank and dignified statement of the past history of both publications, and the causes which have hitherto kept either of them from making any money, or doing what they should do for American microscopy, and at the same time outlining the future policy of the journals briefly as follows: The *Journal* being the elder publication is to be increased in size and to be devoted to higher microscopy, and will cost \$2.00 per annum. The *Microscope* will take the elementary field as a dollar magazine, and will be decreased in size. It will be used as educative and preparatory to the *Journal*. Dr. S. G. Shanks, a well-known microscopist, of Albany, will edit the *Microscope*. The editor of the *Journal* has not yet been chosen. Both journals will be furnished for \$2.50 per annum. As to the reasons given by Mr. Smiley, who has taken his readers completely into his confidence, for not consolidating the two publications, we think they are ample and conclusive. He says: "The advanced workers are not willing that their journal shall be made a vehicle for elementary matter, and the amateurs will not pay two or more dollars for a magazine combining everything; hence consolidation seems impracticable. Were it attempted a new \$1.00 periodical would shortly spring up, first appealing to amateurs, but gradually working its way towards competition with the other journal. The history of the past twelve years would be repeated." We sincerely wish Mr. Smiley all the success that his courage and devotion to microscopy deserve, and hope to be able to chronicle the immediate accession of his journals to a paying basis. We shall certainly use our best endeavors for them.

**Remounting Delicate Objects or Tissues.**—Very recently the writer had occasion to remount a number of delicate preparations made by him a great many years ago. They were made by him in the days when Canada balsam was the only mounting medium and when oblong bits of glass, two inches by one and one-half inches, with unground edges were in vogue for slips. If I placed the slides in benzol, the bal-

sam around the edges of the cover-glass and of the glass making slips on the ends (which were incised by means of a diamond pencil) had become so foul that I was afraid that the preparations would get dirty, and besides they were so delicate that it would be next to impossible to pick them up and rearrange them. When I placed a slide on the heater and let it stay until I could raise the cover-glass, I almost invariably tore the preparation, leaving one part on the slip and the balance on the cover-glass. After considerable experiment I proceeded as follows, and had the satisfaction of spoiling no more preparations and making excellent remounts in every instance: I first removed the pieces of glass from the ends of the slips, as they were thicker than the cover-glass and prevented the latter from coming into contact with any surface upon which the slides were placed face downward. I then carefully cleaned off the ends. Where the cover-glasses were large and square, and there was plenty of room around the object, I placed the slide on the turntable and carefully centering the object, with a diamond cover-glass cutter, cut a ring around the object. I then carefully removed the superfluous glass and cleaned the slide. When a sufficient number of slips has been thus treated, I laid them *face downward* upon a slip of glass six inches wide by ten inches long, touching each cover with mucilage of gum arabic as I did so. As soon as the gum had set slightly I placed the glass into a porcelain photograph tray and filled the latter with benzol and covered the tray closely to hinder evaporation. This was done in the afternoon, and the next morning on taking out the glass and lifting a slide I had the satisfaction of having it come away clean, leaving the preparation lying on the cover-glass in perfect position. The cover was easily raised from the glass the mucilage not having set, and with a drop of fresh balsam applied to the center of a modern slip, the mount was complete. Where the covers would not admit of trimming I cleaned the slip as best I could and treated it in the same manner. Objects that had apparently lost their standing and of which, in many instances, the details had been lost, at once recovered their pristine beauty upon remounting. There were exceptions to this rule, however, and in these cases I restrained them, using the turpentine oil solutions of colors described in these columns some time ago.



**Fuchsinophile Plastidules or Bioblasts of  
Altmann. V.\***

The position and form of the plastidules in the different cellules of the animal tissue and in protozoarians present numerous variations all of which are closely dependent upon or connected with the diverse phases of activity of the cellule and of the plastidule itself. The study of these variations has led Altmann to certain definite conclusions as to the vitality of the plastidule. The causes of change lie within and without the granule itself. We are inclined to regard the diverse disposition of the plastidules in the relaxed and contracted muscular tissue of *Hydrophilus piceus*, for instance, as an example of passive variation. In the glands, on the contrary, the very life of the plastidules has constantly the greatest influence upon the mode of their distribution. In the great majority of cases the causes of modification are not so easily established and demand further investigation.

**BEARING OF THE PLASTIDULE ON SPERMATOGENESIS.**

As regards spermatogenesis, we have discovered certain particulars which we deem of importance. The head of the spermatozoid, in preparations made by the method of Altmann, takes staining in a manner exactly similar to the fuchsinophile plastidules, and preserves it in the same way, until an excessive action of picric acid removes it, exactly as it removes the staining of the plastidules. This appears, at first glance, to be a contradiction to the general rule that in the method of Altmann the nuclei (and also the spermatoblasts) are bleached. In the spermatozoid also, the nucleus bleaches, and the apparent red coloration is due to a thin fuchsinophile envelope formed, most probably, of excessively minute plastidules which completely surround the nucleus. This fact is demonstrated by transverse sections of the head of the spermatozoid, which appears as a delicate red ring enclosing a bleached centre. It is worthy of remark also that in staining spermatozoa the head appears to take the stain first. In the spermatoblast of the frog the plastidules mass themselves toward the external extremity (with reference to the spermatoocytes). Some are disposed in a circle, the circles augmenting

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\* By Drs. L. and B. Zoja, of the University of Pavia. Concluded from the May number of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

and changing to a ring which completely surrounds the refractive body from which the head of the spermatozoid takes its origin (La Valette, Saint Georges). In the testicles, the plastidules, very minute, form around the nucleus of the cellule of Koellicker a ring, of which each plastidule is not very distinct however. This fact is very neatly shown in the human testicle. It is particularly interesting to note that the red coloration may be seen in the nucleus of the spermatozoid of *Ascaris megalcephala* which has an amœboid form. Here it also commences as a ring of plastidules which encircles the nucleus. It cannot be claimed that it is due to a concentration of the plastidules in a little bed of protoplasmic matter which envelopes the nucleus, because the protoplasmic part is very abundant and also possesses numerous and large plastidules characteristic of itself.

We must, therefore, admit that this fuchsinophile revêtement has a special importance. When the spermatozoid of *Ascaris* pierces the egg, and in the first stages of copulation, the nucleus appears bleached, probably because the little plastidules surrounding it have been removed.

The cellules from which the spermatoblasts originate (spermatocytes of *Helix*, cellules of Henle in the rat and in man, cellules of the germinative zone in *Ascaris*) possess abundant plastidules in the form of fine, short filaments. In the spermatoblasts, on the contrary, the plastidules are rounded, and they separate themselves from it, very probably when the tail of the spermatozoid is developed into a motor apparatus.

In the spherule of secretion, as well as in the adipose vesicle the vital activity of the plastidule may extend itself, or, as in the granulation of vitelline and in certain kinds of adipose cells, persist in continuing the elaboration. The forms of excretion of the cellule described by Altmann and Van Gehuchten have also been witnessed by us in many glands and especially in the Malpighian vessels of *Hydrophile*, and in the green glands of the lobster.

The application of all these researches to the pathology of the secretions, rendering a more minute and detailed study possible, will probably enable us to a better interpretation of morbid phenomena.

In all glandular cellules the active fuchsinophile plasti-

dules have a rounded form ; the filamentary forms pre-existing at the period of greatest activity, as demonstrated by Altmann, appear to give place to the rounded plastidules which latter take an active part in the elaboration of the substance secreted. This idea is supported by the images furnished by the Malpighian tubes of *Hydrophile* and the spermatocytes and spermatoblasts. The filaments being the result of the fusion of a linear series of plastidules (Altmann) we may explain the fact as an anterior phenomenon of reproduction. In similar cases (in the egg of *Ascaris*, for example, after the expulsion of the first polar globule around the spermatozoid) we can see they augment in number in an extraordinary manner, but can not say whether they multiply by primary scission, or whether in augmenting in volume they become visible by imperceptible degrees, or whether they form and individualize themselves from a fundamental substance.

The *omne granulum e granulo* of Altmann has yet to be demonstrated.

One thing seems certainly established and that is that the *fuchsinophile plastidules* have a nutritive function within the *cellule*. This fact discloses the reason for their constant presence in the plastic substance, and leads us to the natural conclusion that in the plastidular association which constitutes the cell, the fuchsinophile plastidule is nearer to the fundamental form of plastidules, than others which have differentiated themselves.

F. L. J.

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The Tragedy that lies in the following paragraph (*Nat. Drug.*) is heart-rendering to one who reflects on it but a moment. "Some thefts have recently occurred at the pharmacy of the Hotel Dieu Hospital, Lyons, one of the employes named Kohler was dismissed, under suspicion, about three weeks ago. He earnestly protested his innocence, and declared that, if dismissed, he should not survive his unjust disgrace. He kept his word. He failed to show himself at his usual hour the next morning, and he and his wife were subsequently found dead in their room. Three charcoal braziers were burning round the bed, and letters on the table explained his reasons for his fatal act." If the real culprit has a spark of conscience left, he will follow the example of poor Kohler and his wife.

### Dermatology and Genito-Urinary Diseases.

**Chrysarobin in Lupus.**—Bonandrini (*Thesis*, Genoa, 1892) has shown by histological examination that chrysarobin produces amelioration in lupus by converting the characteristic soft granulation tissue into a more normal connective tissue, and suggests that it would be advantageous before using the galvano and thermo-cauteries and other similar measures to prepare the parts by a preliminary course of treatment with chrysarobin.

**Vasculitis in Hereditary Syphilis and the Condition of the Retinal Vessels in the Retinitis of Congenital Syphilis.**—Mr. Holmes Spicer read the notes of the above case before the Ophthalmological Society of Great Britain (*Prov. Med. Jou.*), and said the ophthalmoscopic appearances showed faint white lines on each side of the vessels beginning at or near the optic disc, and gradually increasing in thickness towards the periphery; arteries and veins were both affected, but in the slighter case the veins showed it most. In very acute cases the vessels were entirely obliterated and converted into white threads. The change was combined with a diffuse retinitis and with a superficial disturbance of the choroid. The microscopic appearance of the vessels showed that the retina was very greatly thickened in all the vessels; there was also an increase in the thickness of the outer coat. All the elements of which the vessel wall was made up were in places dissociated from one another.

**Maceration in a Live Fœtus.**—Schuhl, of Nancy, (*Rev. Méd. de l'Est.*), describes the case of a patient, aged twenty-three, who gave birth, at the end of the eighth month, to a child which was born with difficulty owing to the size of the trunk. There was great excess of liquor amnii and fibrinous deposit on the border of the placenta. The child died within a few minutes of birth. The epidermis had undergone maceration at many points on the trunk, head and extremities. The dermis was of a pale or dark pink color at the seats of maceration. There was no cedema. Ribermont-Dessaigues has already noted that when maceration occurs very soon after the

death of the foetus, or during its lifetime, the exposed dermis appears of a pink color, and the fluid in the bullæ under the separating epidermis is clear and of a pale yellow color. In the ordinary cases of longer standing maceration of a dead foetus the denuded dermis is bright red and the bullæ contain a sanious serum. These appearances were observed by Schuhl in a dead and macerated foetus delivered by the same patient within a year of the birth of the living macerated child. The patient was married to a syphilitic husband, but had not suffered from any symptoms of syphilis.

**Influence of Light on the Human Skin.**—Hammer has made some observations on the above subject (*Rif. Med.*) which may be briefly summarized as follows: 1°. The action of light on the skin causes increased excretion of CO<sub>2</sub>, and favors health and development. 2°. Light favors health and development of horny formations, and increases development of pigment. 3°. On the animal skin one can produce sensations by means of light as well as by color—in all probability by a process analogous to that taking place in the retina. 4°. Solar erythema is proved to be the action of the ultra-violet rays of the spectrum; an important cause of this disease is that the skin is unaccustomed to such stimuli. 5°. The effect of heat, without light, on the skin is absolutely different from that of light alone. 6°. Electric light, by reason of its richness in ultra-violet rays, is a powerful excitant of the skin. 7°. Materials or preparations which hinder the ultra-violet rays from reaching the skin protect it against solar erythema. 8°. In disease there are products formed which may, under the influence of light, give origin to cutaneous symptoms.

**Cerebral Syphilis.**—Cnopf (*Münch. Med. Woch.*), relates the case of an infant, thirteen weeks old, which, in addition to the ordinary symptoms of intestinal catarrh and atrophy, had severe attacks of pain, during which the neck and back muscles became rigid. Eight days before death there were convulsions. At the necropsy there was a circumscribed greyish-red gelatinous mass in each corpus striatum. On the left side the centre was yellow and breaking-down. The occipital lobes were sclerosed. There was external and internal hydrocephalus (*hydrops e vacuo*). There was no change in the vessels. The other organs were healthy. The author shows by statistics that cerebral syphilis in children is rare. He has

only been able to find twelve recorded cases. In one-half there was disease in the arteries and in one-half gummata. These gummata occurred mostly in the base of the frontal lobe, partly as yellowish centres of softening and partly as calcified masses. In one case the brain was atrophic and sclerosed. Only four of the twelve cases occurred under one year of age. Although the parents of the infant appeared quite healthy, it was ascertained that the father had syphilis eight years previously, for which, however, he was thoroughly treated. Most of the twelve cases had external manifestations of syphilis as well as cerebral symptoms. Among the latter were noted nystagmus, dilatation of one pupil, diplopia, optic atrophy, swelling of the optic disc, choroiditis, loss of smell and hearing, hemiplegia, anæsthesia, paralysis of single nerves, mental symptoms and fits. In the author's case there was no external evidence of syphilis, and no symptoms which could be put down exclusively to cerebral disease. The author then refers to the difficulty of diagnosing cerebral syphilis from other forms of cerebral disease, and yet the diagnosis is essential owing to the importance of early treatment.

**Medicinal Eruptions.**—Eruptions due to the employment of drugs are of two kinds (*L'Union Médicale*); local and general. Local eruptions are caused by mustard, croton oil, blistering applications, fermenting or decomposing substances, all oils or fats which are rancid, bad linseed, turpentine, oil of cade, the tars and plasters, all of which are rubefacient. Erythema may follow the use of chrysophanic or pyrogalllic acid. Carbolic acid often produces irritation of the hands, if it is impure, cold, and unmixed with alcohol or glycerine. In some persons salol sets up irritation at the edges of wounds. Many other substances, the mineral acids, organic acids, iodine, iodoform, tartar emetic, mercurial ointments, and solutions of corrosive sublimate may cause vesicles or pustules, which may lead to an eruption similar to psoriasis or scarlatina. Eruptions due to internal remedies are mostly generalized. The chief eruptions are caused by belladonna, the alkaloid of which produces a scarlatiniform erythema; opium and its alkaloid, which produces scarlatinal rubeoliform or vesicles of an eczematous appearance; quinine, which may cause either small vesicles, scarlatiniform or rubeoliform erythema, or mixed erythema, or even urticaria. Copaiba produces a gen-

eralized papular roseola on the body and limbs—the thorax, abdomen, forearm, wrists and knees; it is of short duration, is followed by desquamation, and does not return. To cure it the copaiba must be discontinued. The salicylate of soda seldom produces an eruption; it may cause urticaria, more rarely erythema, bullæ, or vesicles; it may often cause purpura. Eruptions due to chloral are more frequent; they generally take the form of erythema of the face, cheeks, and brow, with congestion of the mucous membrane of the soft palate and pharynx; sometimes the rash is scarlatiniform. Carbolic acid, whether given internally or used externally, produces erythema or urticaria. Antipyrin may cause a fugitive eruption after being used ten days or more; there will be punctated redness and sore throat; there is also pruritus. Urticaria is also observed. Sulfonal produces a scarlatiniform eruption on the upper parts of the body.

The absorption of arsenic sometimes causes a general scarlatiniform erythema and sometimes a localized erythema of a bullous aspect.

Mercury causes the most frequent and the most varied eruptions, and all preparations of mercury are alike in this respect. In slight forms of mercurial rash there is a redness with imperfectly formed disseminated vesicles; in other forms there is redness with squamous rash, vesicles or pustules, bullæ and phlyctenæ. In serious cases there may be grave general phenomena with fever and salivation.

Preparations of iodine also produce a rash, most frequently on the face, or a pustular acne resembling a boil or carbuncle. In other persons there may be nodosities similar to knotted erythema; there may also be vesicles and bullæ. The simultaneous administration of mercury and iodine may cause balanoposthitis.

The bromides also cause generalized eruptions. The effects of all medicines liable to produce eruptions vary greatly according to idiosyncrasy. It might be said that the subjects set up the eruption, and not the remedy used. The treatment of all these medicinal rashes is very simple; the drug must be discontinued, and diuretics and purgatives may be given to facilitate elimination. The bromides will not cause eruptions if the precaution is taken of adding three or four drops of Fowler's solution before meals.

O-D.

### Excerpts from Russian and Polish Literature.

**Physiological Effects of Pine-Oil Baths.**—In order to study this still rather obscure subject, Drs. Eduard W. Szimanski (*St. Petersburg Inaugural Dissertation*, Series 1891-92, No. 19, pp. 51), Anikita A. Sokoloff (*St. Petersburg Inaugural Dissertation*, Series 1891-92, No. 28, pp. 63), and Vasily D. Tchülkoff (*St. Petersburg Inaugural Dissertation*, Series 1891-92, No. 31, pp. 48), of Professor I. T. Tchüdnovsky's clinic, have carried out conjointly a course of experiments on eight perfectly healthy and strong young men—*feldshers* and hospital attendants, aged from nineteen to twenty-five. The first author's particular object was to elucidate the action of the baths on the assimilation of food fats; Dr. Tchülkoff's that on the nitrogenous assimilation and metabolism, and Dr. Sokoloff's that on the pulse, breathing, temperature and so on. In each instance the observations lasted from twelve to fifteen consecutive days, being divided into three stages of equal length, during the middle of which the subject was daily taking a tepid (35° C.=96.8 F.) full (up to the chin) bath of thirty minutes' duration, containing eight grammes of essential pine-oil (*oleum pini silvestris æthereum*) to twenty-four pailfuls (about one hogshhead) of water. In a group of cases five fluid pounds of linseed oil were spread over the surface of the bath water in order to prevent the essential oil from being inhaled by the bather. The daily dietary in each case consisted of 300 grammes of butcher's meat, from 600 to 800 of bread, 800 to 1000 milk, fifty to seventy butter, four salt, fifty sugar, and tea and water *ad lib.* The following are the main conclusions deduced by the authors from their inquiry:

1°. During the bath period the pulmonary and cutaneous ( $H_2O$  and  $CO_2$ ) losses increase fairly considerably, the daily surplus averaging 275.84 grammes. During the after stage they relatively sink, but still continue to oscillate about a higher level, comparatively with the initial control period, the average surplus being 130.33 per day.

2°. The respiration does not show any marked alterations.



3°. During the bath days the frequency of the pulse slightly decreases (4.1 beats per one minute) to return to the standard in the after stage.

4°. The arterial tension invariably rises. It falls in the third period, but still remains higher than in the fore-bath days.

5°. The bodily temperature does not undergo any changes.

6°. The cutaneous sensibility always increases. Some exaggeration persisting even in the after-period.

7°. The manual muscular strength slightly diminishes, while in the subsequent stage it increases, and that as a rule, pretty markedly.

8°. The bodily weight does not present any constant changes. Still, in a majority of cases, the morning weight appears to show some tendency to decrease, and the evening weight to increase, in comparison with the fore-bath days.

9°. The assimilation of fats improves under the influence of the baths, the amelioration persisting even in the after-stage.

10°. As regards all the effects sketched above, the non-protected baths do not differ in anything from those protected with a fatty oil-layer.

11°. In the case of non-protected baths the nitrogenous assimilation during the bath period usually increases, the surplus varying from 0.63 to 3.34 per cent. while in the case of protected ones the assimilation of proteids sinks from 2.26 to 3.53.

12°. In the case of non-protected baths the nitrogenous metamorphosis decreases from 1.25 to 23.16 per cent., while in that of protected ones it increases from 3.11 to 4.32 per cent.

13°. The pine-oil baths—protected and non-protected alike, invariably improve the subject's sleep and general condition, the person feeling more cheerful and comfortable.

14°. As some Scandinavian physicians have pointed out (*cft.* Berger's paper in the *Schmidt's Jahrbuecher*, Vol. 178, p. 102), the baths belong to the category of "mild irritating" ones.

15°. Pine-oil baths are not appreciated by the medical profession as they should be. They certainly fully deserve careful attention of the practitioner, the range of their therapeutical usefulness being fairly wide.

**Phenacetin in Acute Articular Rheumatism.**—In the *Nowiny Lekarskie*, May, 1892, p. 223, Dr. Fr. Sztampke, of Warsaw, emphatically draws attention to phenacetin as an excellent remedy for acute rheumatism. When administered internally in one gramme doses, from three to five times a day the drug is said to give better results than salicylate of soda, antipyrin, antifebrin, or quinine, the articular pain and swelling subsiding and ultimately disappearing very quickly, and the disease running a favorable course to end in a complete recovery. Another advantage of the remedy is thought to consist in its innocuousness, no disagreeable accessory effects whatever being ever observed even when phenacetin is given in large doses for a prolonged period.

[In the latter point we would respectfully somewhat differ from Dr. Sztampke. If he had, in imitation of the Eastern physicians, the good habit of testing on himself every medicine before administering it to his patients, he would very likely discover that one gramme doses of phenacetin are apt to induce a distinct weakness of the pulse, some sensation of weight about his head, and a general "out-of-sorts" feeling.—Reporter].

**Bothriocephalus Latus and Fish.**—In 1882 Professor Max Braun, then of Dorpat, now of Koenigsberg, has been the first to prove by direct experiments (on three medical students) that human beings, in common with fish-eating lower animals, become infected by *bothriocephalus latus* through eating underdone fish infested with worm-like larvæ ("plerocercoids") of the parasite. He has shown in particular that, as far as the Dorpat population is concerned, the infection is spread through consuming the pike (*Esox lucius*) and burbot (*Lota fluviatilis*). Professor Braun's statements were subsequently confirmed by Professor Leuckhart and Blanchard, while Drs. Ijittia (Japan) Zschokke (Switzerland), Parona, Grassi and Ravelli (Italy), Löcussberg (Sweden) and others have also found the plerocercoids in the following edible fishes *oncorhynchus*, *Perry's*, *perca fluviatilis*, *salmo umbla*, *trutta vulgaris*, *trutta lacustris*, *thymallus vetillifer coregonus lavaretus*, *coregonus albula*. At present Dr. Alexander E. Schroeder (*Vratch*, No. 19, 1892, p. 475) points out that amongst the St. Petersburg population the parasite is spread

chiefly by pikes caught in the Finnish gulf. The author's investigations confirm Professor Blanchard's opinion that every pike inhabiting the waters constitutes a host of the plerocercoids of the *bothriocephalus latus*. The fact that the latter proves to be especially common amongst the Hebrew population of the town can be easily explained by the well known circumstance that the pike is one of the most favorite fishes of the Hebrew race.

**Extragenital Soft Chancres.**—Dr. Alexander N. Tchergüboff, of Moscow, (*Meditsinskoiž Obozreniä*, No. 3, 1892, p. 293) contributes the following rare instance of manual soft chancres. A strong young man, aged twenty-seven, having taken a drop or two too many when at a brothel, began to destroy furniture, etc., to finish the night by coition with a prostitute. On awakening he noted some abrasions on the fingers of the right hand, while eight hours later he commenced to feel a burning pain about the lesions, the hand subsequently becoming tumefied. On examining the patient on the sixth day after his visit to the brothel, the author found multiple soft chancres on the inner surface of the foreskin and besides three similarly typical soft chancres on the right hand. One of the ulcers, two centimetres in diameter, was situated on the inner surface of the first phalanx of the fore-finger; another, of the size of a lentil on the dorsal surface of the same digit, close to the nail; and the third, one centimetre in diameter, on the dorsal surface of the middle finger, on the first and second phalanx. All the ulcers healed in due time, no glandular enlargement occurring.

The author points out that apart from experimental inoculation, extragenital soft chancres are observed exceedingly rarely. According to L. Jullien's statistics, of 4055 cases of soft chancres only ninety-nine (one to forty) referred to those situated extragenitally.

VALERIUS IDLESON, M. D.

Berne, Switzerland.

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It has been decided that the next Congress of Food Analysts shall take place in Vienna in 1894. A committee has been appointed to take steps for the preparation of "A Codex Alimentarius," in accordance with a resolution passed at the previous meeting of the Congress in 1891.

## Medical Progress.

### THERAPEUTICS.

**Chloride of Ethyl.**—Delmis (*Gaz. d. Hôp.*) calls attention to the advantages of chloride of ethyl as a local anæsthetic for minor surgical operations not lasting longer than one or two minutes. The best method of applying the anæsthetic is by using the glass tubes introduced by Monnet, of Lyons. These tubes are filled with the liquid, and have a capillary opening hermetically sealed. All that is necessary is to break off the point of the tube, and direct it on the point to be made insensitive; the heat of the hand holding the tube is sufficient to vaporize the liquid.

**Crystallized Nitrate of Aconite.**—Lépine (*Sem. Méd.*) insists on the risks of prescribing crystallised nitrate of aconite in large doses; and points out that in the standard works on therapeuties the dose is stated to be two, three, and even four milligrammes a day, while in his experience it ought only to be given in doses of one-tenth to one-eighth of a milligramme, repeated every four—or, better, every six hours. In some cases it is necessary to give one-fourth of a milligramme at the same intervals. He considers it necessary in every case not only to test the susceptibility of the patient, but also to know the degree of toxicity of the specimen of the drug that is being used, as this varies with the locality from which the aconite has been obtained for its preparation.

### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**A True Hermaphrodite.**—At a recent meeting of the Paris Académie de Médecine M. J. Boeckel related the details of a case of a male hermaphrodite. A young man of about twenty, had been affected with a congenital inguinal hernia. Upon performing a radical operation, a triangular body covered by peritoneum and which looked like a diverticulum of the intestine, was found in the posterior wall of the empty hernial sac. The inguinal canal was empty. Upon compressing the abdomen above the ring, there protruded through the external inguinal opening an ovoid body, of

opalescent hue, resembling the testicle. Parallel to and above it was found a fringed body attached to it, cystic in character, and evidently a tube. The patient promptly recovered.

An anatomical examination of the portion removed showed it to consist of three parts, viz: 1°. A uterus bicornus, the cavity of which was lined with ciliated epithelium; 2°. A Fallopian tube and a testicle with a vas deferens and epididymis; 3°. A broad ligament enclosing the above organs. This case is certainly an unique one in medicine as there is no record of one in which female genital organs were found included in the scrotum of a man, otherwise well formed, and possessing all the attributes of his sex.

**Imperforate Anus with a Penile Fistula.**—Mr. Heaton showed an infant to the Midland Medical Society, on whom he had operated for the relief of imperforate anus with a penile fistula. The child, an otherwise healthy male infant, had on the under surface of its penis, about three-quarters of an inch from the end of the glans, a small fistula, from which for the first few days of its life a constant discharge of meconium took place. The anus appeared natural, but on examination was found to lead into a blind cul-de-sac. The rectum was found about three-quarters of an inch from the end of the anal cul-de-sac. It was opened and its mucous membrane stitched to the edges of the skin incision. The opening of the fistula into the rectum was on its anterior surface about half an inch from the blind end. The fistula had no connexion with the urinary passages. Since operation the child had gained in weight, and at present there was no tendency to contraction of the newly made anus.

**Chloride of Gold as an Antidote Snake Poison.**—Calmette, director of the Bacteriological Institute of Saigon, in Cochinchina, (*Arch. de Méd. Navale*) from fifty-two experiments made by him with the venom of the cobra di capello on rabbits, guinea-pigs, rats, fowls, pigeons, dogs, and monkeys, draws the following conclusions: 1°. It is possible to cure animals suffering from the effects of snake poison by neutralising the venom that has been absorbed by the blood, by subcutaneous injections of gold. 2°. None of the chemical agents hitherto recommended for the purpose (ammonia,

iodine, nitrate of silver, etc.) can have any curative action, inasmuch as they can neither destroy the poison introduced into the wound, nor neutralise that which has found its way into the circulation. A partial exception must be made in favor of permanganate of potassium, which has the power of destroying the poison in the wound, though it has no effect after it has been absorbed. Calmette thinks his results are applicable in the case of man as well as in that of animals. The first thing to be done after a bite has been inflicted is to stop the blood-flow through the veins as far as possible with an elastic ligature. From eight to ten cubic centimetres of a one per cent. solution of chloride of gold should then be injected with a sterilised hypodermic syringe into the wound itself and under the skin around it; but not more than one cubic centimetre of the solution should be injected at any one spot, in order to avoid too intense a caustic action on the tissues. Similar injections must also be given at the level of the ligature and between it and the heart. The injections may be given in any part of the body, either into the connective tissue or into the substance of the muscles. They cause neither eschar nor abscess if the solution of gold is titrated at one per cent. at the outside, carefully sterilised, and kept in a yellow or black glass bottle, so as to avoid the risk of decomposition under the influence of the sun's rays. The ligature may be taken off as soon as the injection has been given. Calmette thinks it probable that chloride of gold will also neutralise the poison of all venomous snakes, inasmuch as the chemical composition of all of them is, according to Weir Mitchell, practically identical.

#### SURGERY.

**Atresia Ani.**—M. John K. Murray, reports a case in the *Lancet* as follows: A well-developed child three weeks old was brought to me in September, 1891. I found a dimple marking the usual site of the anus, and the fæces passed per vaginam. On passing a probe the fistulous communication could not be found. Under ether, administered by my friend, Dr. Batchelor of Queen's Town, I cut down on the normal site of the anus, dividing the tissues in the middle line to the depth of an inch and a half. I could find no rectal cul-de-sac. The depth of the wound precluded further dissection. To get freer

access I partially divided the posterior vaginal wall, and having passed a probe into the posterior fornix vaginae I at last succeeded in making it enter the bowel. By inserting my forefinger into the wound I found the point of the probe just a little behind the vaginal wall. I accordingly cut down on it. This was followed by a free gush of faeces. I put a stitch in the site of the recto-vaginal septum and closed the vaginal opening by absorbent wool. A bulbous silk catheter was tied in the rectum. The wound was syringed daily. By the third day no faeces escaped per vaginam. The catheter was removed, and passed into the bowel four times daily. When seen in the early part of March, 1892, it was found that a well-formed anus was present, rather nearer the vagina than in the normal perineum. No faeces have escaped since the third day per vaginam.

In this case the dimple marked the arrested deepening of the epiblastic fold which grows into and becomes continuous with the mesenteron. The high site of the rectal cul-de-sac probably indicates a defect in the development of the mesenteron itself. As regards the operation, the main difficulty was in striking the cul-de-sac, which was not distended by faeces, free egress being afforded by the vagina frequently during the operation. It is recommended by Dieffenbach and Barton, that, if possible, the cul-de-sac should be detached from the vagina and stitched to the skin. This may be feasible where the cul-de-sac is blind or where it comes low down, but where the cul-de-sac terminates at its communication high up in the fornix vaginae such a proceeding is difficult, even hazardous. The result in this case shows the tendency of nature to revert to normal channels when such are re-established. The line of force was in the direction of the wound when defecation took place, consequently the healing of the trench-shape wound formed a natural prolongation of the rectum ending at the skin.

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Dr. W. W. Watkins, of Moscow, Idaho, formerly a practitioner in St. Louis, has not only achieved a success professionally in his new home; but he is being spoken of as the Republican candidate for Governor in his State. Should he secure the nomination he is almost certain of being elected.

### Book Reviews.

**Transactions of the American Orthopedic Association,**  
Fifth Session, held at Washington, D. C., Sept. 22-25,  
1891. Vol. IV, 8 vo. pp. 403. [Philadelphia: Published  
by the Association. 1891.

We have had occasion to review former volumes of the transactions of this Association and had naught but words of praise to offer. We had supposed that a limit of excellence had been reached, but we have been most pleasantly disappointed in this respect. The present is the largest, the best, and the most profusely illustrated that has appeared up to the present. We like to dilate upon this, because it makes such a creditable showing for this country. We do not hesitate in making the assertion that there is no country that can present a record of orthopedic surgery emanating from a society which can equal this. This volume is not only large, but each and every paper is a thoughtful, thorough and comprehensive study on the subject with which it deals, by an acknowledged expert in this rapidly developing speciality.

As a gem should always be provided with an adequate setting; so, in this instance, the highest style of the typographer's art has been called into requisition in the mechanical portion of the book. Dornan has fairly outdone himself and the fortunate possessors of the volume before us will have, in addition to mental pabulum of a high order, a volume which will prove an ornament to the book-shelves of the most fastidious.

**Diseases of the Urinary Apparatus. Phlegmasic Affections.** By JOHN W. S. GOULEY, M. D. 8 vo. pp. 342.  
[New York: D. Appleton & Company, 1892. St. Louis:  
J. L. Boland Book & Stationery Co. Price, \$1.50.

This volume contains a series of twelve lectures which were originally published in the *New York Medical Journal* and subsequently revised by the author previous to their appearance in book form. We were very much interested in the lectures when they appeared periodically and a second



reading of them in the present permanent form has only increased the interest which was awakened at first. While, it is true, that but one portion of the subject receives consideration, it embraces so many important topics, and they have been handled in such a masterly manner as to make us hope that the author will continue his subject in the near future. He is certainly an adept in the consideration of the topic of genito-urinary diseases.

In the present volume general considerations constitute the opening portion, a sketch of the physiology and pathology of the urinary apparatus being given, as well as a summary of the ætiology, semeiology, diagnosis, prognosis, prophylaxis, and general therapeutics of diseases of the urinary apparatus. Having disposed of this preliminary matter, the author takes up special diseases, these including nephritis, cystitis, prostaticitis, urethritis, retention of urine in elderly men, etc. The various phases and conditions are taken up as well as the treatment addressed to each, both medical and surgical.

We are forbidden, by want of space, the pleasant task of an analytical review of one of the really deserving books of the season. Its reading will certainly be enjoyed by every physician engaged in practice, as many of those little obscure points which we daily encounter are fully elucidated and explained in a manner both rational and comprehensible.

**Pye's Surgical Handicraft.** A Manual of Surgical Manipulations, Minor Surgery, and Other Matters connected with the Work of House-Surgeons and Surgical Dressers. Revised and Edited by T. H. R. CROWLE, F. R. C. S. 8vo. pp. 594. First American from the Third London Edition, with 300 illustrations on wood. Complete in one volume. [New York: E. B. Treat, 1892. Price: Cloth, \$3.50 net; Leather, \$4 net.

Pye's Handicraft is a vade-mecum in England, and as it becomes better known in this country it will doubtless meet with many admirers. It is what its name implies—a guide for house-surgeons and dressers and not intended to supplant the larger or more systematic treatises on surgery. It is eminently practical in character, comprehensive in scope, and useful in practice. General practitioners will find it especially valuable.

A partial list of its contents may perhaps explain to our readers its scope much better than a detailed critique. The first section deals with the arrest of hæmorrhage, dealing with the different forms and methods. In the second section we are presented with a consideration of bandages, splints, trusses, etc. The third section is devoted to fractures, their immediate and permanent treatment, and sprains. In section four the dressing and treatment of wounds, ulcers, burns, and special inflammations are treated of in a very comprehensive manner. Cases requiring prolonged treatment such as coxitis, spinal disease, and joint troubles are noted in section five. Section six deals with emergencies, and section seven is on anæsthetics. The extraction of teeth and the practical management of such cases are found in section eight. Minor surgery occupies section nine. Section ten deals with the preparation of patients and their after treatment, surgical case-taking, etc.; while the appendix is composed of a formulary.

The scope of the work may be surmised from the foregoing. Everything has been brought right up to the times, and the profuseness of illustrations, which are well executed adds much to the usefulness of the work. Taken all in all it is a most handy reference book for the general practitioner and especially for the young practitioner, commencing practice, who will find it a trustworthy and reliable guide in cases of emergency.

The American publishers are certainly deserving of much praise in placing this valuable hand-book within the reach of the physicians of this country.

**A System of Gynecology.** With three hundred and fifty-nine Illustrations; Based upon a Translation from the French of SAMUEL POZZI. Revised by Curtis M. Bebee, M. D. 8vo. pp. 604. [New York: J. B. Flint & Company, 1892.

The classical work of Pozzi is one which has made an epoch in the literature of gynæcology. The extended experience of that author and his painstaking labors have made his opinions most valuable in gynæcic matters. He incorporated these in a large work from which the present has been compiled in a manner both clear and satisfactory. The editor of

the volume before us has undertaken the arduous task of condensing a most valuable and voluminous treatise, and he has succeeded well in his purpose. He has kept in mind one object—to present the practical points, omit the discussions and extensive bibliography of the original and thus produce a compact work available for daily reference, more especially by the physician who is engaged in general practice.

The publisher has also succeeded in his purpose—that of producing a book whose price would place it within the reach of all. Some minor defects exist which should be remedied in a future edition. The engravings are not as clear-cut as they might be, owing to the defective method of photo-engraving. There are some typographical errors which should certainly not have crept in, such as *Louraine* for *Lourcine* (second line of Preface). The type, on the other hand is sufficiently large and clearly printed, the paper of good quality, and the binding serviceable.

We think that the book will meet with a large sale and become popular with physicians.

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### Literary Notes.

The Uses of Water in Modern Medicine is the subject discussed by Dr. Simon Baruch in one of the latest numbers of the Physician's Leisure Library. Hydrotherapy has not met with much favor with the English speaking peoples and the first volume of the work before us is the only original work on the subject in the English language. The only other work which was accessible to those who can read only English was a translation of Winternitz and this has been out of print for some time. On this account Dr. Baruch deserves the thanks of the profession for placing in their hands a reliable and trustworthy guide on hydrotherapy. This first volume is one which although entirely introductory in its material is sufficiently interesting and instructive to lead us to await the second one with impatience. The publisher, Geo. S. Davis, of Detroit, has placed the price of this at the same rate as the other numbers of the series—25 cents a volume.

Cancer is a subject which has always been fraught with interest for the physician and the surgeon alike. Geo. S. Davis, of Detroit, has published in the Physician's Leisure Library (twenty-five cents a number) the views of Dr. Daniel Lewis on this subject. The author's views are based upon an experience embracing 534 cases and he has condensed within the narrow limits of the present opusculc, his experience regarding the successful treatment of certain forms of the disease, which formed the subject of a series of clinical lectures delivered at the New York Post-Graduate Medical School. He adopts Mr. Snow's classification and enters fully into the various modes in which malignant disease may originate. We do not think that the author lays enough stress upon the difficulty of making a diagnosis between epithelioma of the nipple and psorospermosis, and epithelioma of the tongue and syphilis. He appears to be anxious to advise extirpation. He states, for instance, that in syphilis of the tongue he has seen epithelioma supervene and active treatment did not cause it to disappear, necessitating a radical operation. However, he does not inform us what the active treatment was; and, it is well known that unusually high doses of anti-syphilitics are frequently necessary, in such cases, to produce an effect. The book, on the whole, is interesting and instructive.

**Books Received.**—The following books have been received during the past month and will be reviewed in future issues of the JOURNAL.

**Pye's Surgical Handicraft:** A Manual of Surgical Manipulations, Minor Surgery and other Matters Connected with the Work of House Surgeons and Surgical Dressers. First American from the Third London Edition. Revised and Edited by T. H. R. Crowle, F. R. C. S., 8vo. pp. 594. With upwards of 300 Illustrations in Wood. [New York: E. B. Treat, 1892. Price, cloth, \$3.50, leather, \$4.00.]

**Cancer and its Treatment,** by Daniel Lewis, A.M., M.D., Ph.D., 12mo., pp. 127. Physician's Leisure Library. [Detroit: Geo. S. Davis, 1892. Price, 25 cents.]

**The Electro-Therapeutics of Gynæcology.** By Augustin H. Goelet, M. D., 12mo., Part I, pp. 194; Part II, pp. 203. Physician's Leisure Library. Illustrated. [Detroit: Geo. S. Davis, 1892. Price, 25 cents a volume.]

Proceedings of the Philadelphia County Medical Society. Vol. XII. Session of 1891. T. B. SCHNEIDEMAN, M. D., Editor. 8vo. pp. 459. [Philadelphia: Printed for the Society, 1891.]

Transactions of the Southern Surgical and Gynecological Association. Vol. IV. Fourth Session, held at Richmond, Va., Nov. 10-12, 1891. [Published by the Association, 1892.]

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### Melange.

**Medical Bills.**—Under a recent decision, medical bills in Michigan do not have a labor status entitling them to a first lien in case of bankruptcy.

**A Monument** is to be erected to the memory of the late Samuel David Gross, who was probably the most able exponent of American Medicine Surgery.

**Precocious Maternity.**—Not long since a man was tried before the assizes of the Seine, France. He was accused of having seduced a girl of twelve, but was acquitted of the charge. A short time after the girl gave birth to a child.

**Physicians in Japan** are not as numerous in proportion to the population as they are in this country. M. Proust has published statistics by which it would appear that there exist 38,620 physicians of whom 29,105 do not possess a diploma of any kind.

**Baron Hirsch** (says *Truth*) has set an excellent example to wealthy sportsmen of all creeds and nationalities. He has decided to devote the whole of his turf winnings of last season, amounting in all to £7,000, to hospitals and institutions of a kindred nature.

**New Jersey Medical Society.**—The one hundred and twenty-sixth annual meeting of the Medical Society of New Jersey was held at the United States Hotel, Atlantic City, June 28 and 29. At a meeting of the Committee of Arrangements on April 21, a letter from Robert M. Davis, General Manager of the Atlantic City Railroad Company, was read,

offering to the Committee a special complimentary train from Camden to Atlantic City and return on the day of the meeting. In the evening of June 28, the members of the Society were given a banquet by the citizens of Atlantic City.

**A Murderer's Devotion to Science.**—It is said that a French murderer, condemned to be guillotined, recently requested his brother, a medical student, to experiment with his head immediately after decapitation, in order to ascertain by a pre-arranged code of signals (winks and movements of the eyeballs), what he felt when the knife cut his head off, and how sensation and consciousness is retained.

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### Local Medical Matters.

Dr. Sam Frazer, a well-known practitioner, died recently under circumstances which did not clearly indicate the cause of his sudden demise.

The Barnes' Hospital is soon to be erected. It will be built and endowed with a large sum of money left for that purpose by the late Mr. Barnes.

The Barnes' Medical College is the latest accession to St. Louis Medical Colleges. It has no connection whatever with the hospital of the same name. Drs. C. H. Hughes, A. B. Carpenter, and Pinckney French will be connected with it.

The Marion-Sims Medical College has elected Dr. A. C. Bernays Professor of the Principles and Practice of Surgery and Clinical Surgery. Dr. Geo. Hulbert has been elected Professor of Clinical Gynæcology and Electro-Therapeutics of Gynæcology.

The St. Louis College of Physicians and Surgeons has elected Dr. W. B. Dorsett to the chair of Diseases of Women and Clinical Gynæcology, and Dr. H. Jacobson to that of Physiology. Dr. A. S. Barnes, Jr., will be Demonstrator of Normal and Pathological Microscopy.

## Miscellaneous Notes.

The *Indiana Medical Journal* states in its editorial columns, February, 1892, that "if the headache and pains of influenza are intense, Phenacetine and salol combined should be used *until relief is obtained.*"

### Delirium Tremens.

R Tinct. Capsici.....  $\frac{1}{2}$  ounce.  
 Peacock's Bromides..... 1 ounce.  
 Celerina.....  $2\frac{1}{2}$  ounces.  
 M. Sig.: Teaspoonful in water, as required for wakefulness and excitement.

George H. Rohe, M. D., writes editorially (*Jour. of Balneology*, October, 1891), concerning the treatment of influenza: "We may add as a point of practical value that Dr. Andrew H. Smith claims great benefit in influenza from a combination of three and one-half grains Phenacetine, one-half grain camphor, and one two-hundredth grain atropine. This controlled pain without weakening the heart or producing excessive sweating. In convalescence quinine was used as a tonic."

**Chronic Rhinitis.**—In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The iodine is decolorized in preparation, a clear solution of light amber color resulting.

R Sodii Boras.....  $\frac{1}{2}$  drachm.  
 Sodii Bicarb..... 1 drachm.  
 Aquæ Puræ..... 2 ounces.

### Dissolve and add

Acid Carbol..... 15 grains.  
 Tr. Iodine..... 8 drachms.  
 Listerine..... q. s. ft. 4 ounces

M.

**Lysol.**—This new disinfectant and antiseptic is recommended as promptly arresting the development of micro-organisms. It has been advised in the treatment of rhino-pharyngeal and laryngeal diseases, as well as in affections of the middle and external ear. It is obtained by dissolving the fraction of tar oil which boils between 190° and 200° C., in fat, and subsequently saponifying with alcohol. It is a clear brown, oily liquid, and contains fifty per cent. of cresols. It can be mixed readily with water, and forms clear solutions with glycerin, alcohol, chloroform and various other fluids. Fuerbringer recommends half to one per cent. solution for the hands, and one quarter per cent. for instruments. It is one-eighth as poisonous as carbolic acid, and cheaper. Pee recommends a one per cent. solution in midwifery and gynecology, and says that a one to two hundred solution destroys streptococci in fifteen minutes. His experience with it has been very favorable.—*Annals of Ophthalmology and Otology.*

H. J. W. Martin, M. R. C. S., and L. S. A., Hounslow, Middlesex, England, says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* in an obstinate case of gleet that had existed for some six months before coming to my notice, with marked success, a vast improvement taking place after using one bottle of injection, and before the third bottle was finished a cure was effected which was permanent.

**Treatment of Rheumatism.**—By Chas. W. Brown, M. D. October 20, 1891, saw Mrs. H., of this city, aged forty-four years. Found her suffering from rheumatism; there was pain, redness and swelling in both knees and ankles. Temperature 103°, skin hot and dry, considerable thirst; urine scanty and high colored. She said she had been subject to such attacks for several years, whenever exposed to wet and cold weather, and the duration of the attacks, was from three to six weeks; and she had been confined to her bed for several weeks at a time. For five days, previous to my first visit she had been treated by salicylate sodium, aconite, and opium, without any perceptible benefit. I prescribed W. R. Warner's Elixir Salicylic Acid Comp., a dessert-spoonful every four hours, and gradually increased the dose to a tablespoonful. In less than twenty-four hours she was perspiring freely, the temperature fell to 99°, and she was free from pain; the urine became more abundant, and lighter in color, the swelling of the joints rapidly disappeared, and in one week she could walk without difficulty. She continued to take the elixir for two weeks longer in dessert-spoonful doses, three times a day, and has had no return of the disease up to this date.—*Southern Clinic*, May 1892.\*

**A New, Safe Method of Administering Toxic Medicaments**—A new departure in therapeutical posology marks a recent enterprise of Parke, Davis & Co., which is in the interests of progress, economy and exactness.

The increased knowledge resulting from research in the fields of botany, chemistry, physiology, pharmacy, and materia medica has created a demand on the part of the medical profession for the essential or active principles of drugs in preference to the more cumbersome, less definite pharmaceutical preparations which custom and authority have so long sanctioned.

Not a few alkaloidal principles of drugs have been isolated, and are now frequently prescribed. The conservative element of the profession have, however, in view of the toxicity of certain isolated

\*Elixir Salicylic Acid Comp. is an elegant preparation, composed as follows: Each tablespoonful contains twenty-four grains Salicylate Sodium, so combined with Cimicifuga, Potass. Iodide and Gelsemium as to avoid all unpleasant results, such as gastric and intestinal irritation, nausea, delirium, restlessness and rapid breathing which so often follows the administration of Salicylic Acid.

The dose is from a tablespoonful to a teaspoonful, as the case may require. Prepared by Wm. R. Warner & Co., Manufacturing Chemists, Philadelphia and New York.



medicinal principles, and the acknowledged variety of strength and activity of products of this character of different manufacture, been loath to employ them when indicated.

The doses sometimes being fractions of a thousandth or a hundredth, it is not possible for the physician to always bear them in mind, and in prescribing he is often in doubt as to what constitutes the proper therapeutical dose, and what the dangerous toxic one.

Dr. E. Trouette, in a paper read before the Paris Academy of Medicine, and published in the *Revue de Therapeutique*, entitled "Duodecimal Doses of Toxic Medicaments," proposes a method of obviating the difficulties thereto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours.

The advantages claimed for this method are, first, accidental poisoning need no longer be feared. Second, dangerous medicaments may from the outset be given in efficient dose without the least risk.

Parke, Davis & Co. have prepared diurnules and Diurnal Tablet Triturates of a large number of Toxic Medicaments, and will afford the profession full information concerning this new method of posology with reprint of Dr. Trouette's article.

**Hydriodic Acid in the Treatment of the Grippe**, by Wm. H. Van Gieson, M. D.—One of the most distressing symptoms of this peculiar disease is the dry, racking cough which almost invariably accompanies it. In other bronchial affections the cough is often useful in removing bronchial accumulations, but it is not so in the Grippe. The cough is out of all proportion to the amount of inflammation of the mucous membrane. This constant mechanical irritation tends greatly to increase the congestion of the upper air passages, and greatly increases the liability to a bronchitis or subsequent pneumonia. Vomiting is also apt to be induced by the prolonged fits of coughing, thus tending also to weaken more the already greatly debilitated patient. After the cough has persisted for some time the muscles of respiration become very sore and painful, and cases have frequently been seen where hernia has been produced by the cough paroxysms.

During the epidemic of 1889 I tried all the various expectorants and cough mixtures with but poor results. Some of those containing opium or its alkaloids seemed beneficial for a short time, but as soon as they were discontinued the cough returned, and in some cases remained troublesome for months after. During the last part of the epidemic of that year I began the use of hydriodic acid in the treatment of these bronchial complications, meeting with excellent results. During the epidemic of 1890, and so far during the present one, I have used the acid most extensively, with uniformly

good results. Very soon after its administration the cough loses its dry, rasping character, becoming moist, and with the paroxysms farther apart. It is very seldom that a patient is seen who has been obliged to vomit from the violence of the cough paroxysms after the acid has been administered for twenty-four hours. It has been my practice to prescribe the syrup of hydriodic acid in teaspoonful doses every two or three hours, well diluted in water gradually increasing the interval of administration as the desired effect is obtained. The syrup has a pleasant taste, and is easy of administration, which is a valuable feature. Having tried the syrup supplied by different manufacturers, and after having on several occasions had a syrup dispensed which contained free iodine (once with nearly fatal results to the patient), I tried Scherff's Syrup of Hydriodic Acid, and in no case has it ever disappointed me,—proving unalterable and permanent in composition, and satisfactory in therapeutic effect.

The acid is also beneficial in the other catarrhal complications accompanying the Grippe, such as coryza, catarrh of the digestive tract, etc. In fact, it seems to have a decided action upon all symptoms of the disease. The syrup can be administered plain, or in combination with most of the syrups and tinctures. The combination of the syrup with the tr. of cardamoms and codeia makes a very palatable and efficient mixture.

Bloomfield, N. J., Dec. 28, 1891. (*Notes on New Remedies.*)

**Analytical Records.—Wyeth's Beef Juice.**—(John Wyeth & Brother, Philadelphia.) The following analytical notes and results testify unmistakably to the excellence of this preparation. It is a dark reddish-brown liquid of pleasant beef-like flavor, and free from objectionable preservatives. It contains not only the albuminous principles of beef in an active and soluble form, but in the condition in which they occur in the freshly expressed juice of the beef itself. Viewed with the spectroscope a dilute solution is seen to give two absorption bands, characteristic of fresh blood or hæmoglobin. The liquid loses this property, however, as soon as it is boiled; while the coagulated albuminous principles assume a blood-red tint. According to our experiments no less than fourteen grains of solid albuminous principles in every fluid ounce are thus precipitated. The following figures gained in analysis will convey some idea of the eminent degree of concentration through which this preparation has been carried. Notwithstanding this, the vital elements of beef juice it contains have been preserved unchanged. Moisture, 44.87 per cent.; organic matter, 38.01 per cent.; mineral matter, 17.12 per cent. The organic materials contain 4.57 parts of nitrogen, and the mineral matter consists largely of common salt and, of course, soluble phosphate. Results like these make it safe to assert that as an example of preparations of this class Wyeth's beef juice is little short of perfection.—*London Lancet*, April, 1892.

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## Original Contributions.

GENOCATACHRESIA. (GENOS—Sex, and KATACRESIS—Abuse).  
ITS DIAGNOSIS. By CHAS. EVERETT WARREN, A. B., M. D.,  
Boston, Mass.

DIAGNOSIS OF SELF-ABUSE—No one sign or series of signs, can be authoritatively set down as indicative of this habit. As specialists, we may incline to the idea that exceptions to self-abuse are rare, and, with this idea as a rule, wrongly suspect all who show one or more of the many signs laid down in the books or formulated by personal observation. This scepticism is natural and as we find the great prevalence of the habit we are almost led to Ricord's idea that no one is virtuous. Thus, the nervous irritability, the black line under the dull eye, or the down on the lip of a woman may lead us to suspect the habit and yet give no right to accuse or brand the patient as a sinner in this respect. Only the avowal of the act by the patient or the detection of the culprit in the act is sure. To obtain a confession requires the highest degree of tact, kindness and skill. The old saying "you can catch more flies with molasses than with vinegar" holds good in medicine. You can gain the confidence of your patient easier by a kind word and reassuring manner than by austerity. The physician is not a judge or minister to pass legal or moral judgment. The patient suffering in mind and body comes to you for relief of that suffering and not for condemnation. You can give the relief if you will. You need all the skill of a lawyer to obtain the confession, all the tact of a minister in consolation, but your skill as a doctor is of the greatest importance as a healer

of the diseased mind and body. As you trespass upon the field of the former you lose your power in the latter.

Perhaps you think that experience has reproduced for you the typical and sombre picture painted by the pessimists in this disease; the pale and leaden face, the black circle under dull eyes with general feebleness of physical and mental character, taciturnity, moroseness and a desire to escape society and cultivate the habit in solitude. But can you positively say that this or a similar result may not and does not in the given case result from overwork or poor food or unhealthy environment.

The only manifest signs of self abuse are the physical ones appearing locally. In the male the penis is long and wrinkled in a state of repose. The gland is enlarged and club shaped. The scrotum is flaccid and pendant with the perineum and pubes constantly moist. In the child there is an abnormal development of the genitals the penis being abnormally large and the prepuce retracted.

In the female the genital alterations vary with the method of abuse. Manual excitation of the clitoris determines an enlargement and elongation of that organ to double its size. The extremity is enlarged, reddened and turgescient. It is more than normally prominent and extends beyond the prepuce which is relaxed, elongated, soft, wrinkled and thickened. The lesser lips especially in subjects who have practiced the habit from an early age, are elongated even protruding beyond the greater lips and are flaccid, pendant wrinkled and of exaggerated triangular form. The normal rosy hue is changed to a brown shade or grayish slate tint. The free borders and even the external surface may be dotted with dark spots while the inner face is spotted with yellowish white dots the result of hypertrophy of the glands. Martineau insists that these are characteristic and indicative of an inflammation dating from infancy and very likely the result of prurigo causing a habit in the child which has been perpetuated and become inveterate in the adult.

The labia majora also appear flaccid and wrinkled. The meatus gapes open and is enlarged and reddened. The hymen is ruptured or at least stretched while the vaginal sphincter and muscles of the walls are relaxed to such an extent that the vaginal touch is easily performed. According to Tardieu this

relaxation may be so great as to allow coitus without rupture of the hymen.

In self abuse by swaying the pelvis up and down and friction in consequence of the inner aspect of the thighs and pressure upon and titillation of the genitals the prepuce is not as greatly over developed as by manual abuse. It is not elongated or wrinkled. The gland is prominent but rather flattened from side to side and not elongated. It is turgescient and of a violet hue. The lesser lips are not so greatly over developed or as voluminous as in manual abuse, a fact easily explained when we reflect that manual abuse begins as a rule at an early age when the organs are developing so that constant handling enlarges the lips as the result of continued turgescence. It is however, not uncommon to find that friction of the thighs has been taken up after manual abuse so that a combined group of signs may appear characteristic of each and yet modified by both.

In the form of abuse by suction of the clitoris, by the mouth, the organ is greatly enlarged and elongated, wrinkled and flaccid in repose, turgescient, very prominent and in part uncovered even projecting beyond the labia. The prepuce is voluminous and completely detached from the gland, its free border being turned up like the edge of a cask. It is also thickened and of more than normal firmness. The roots formed by the doubling of the anterior margin of the lesser lips are very prominent and firm. The gland is in almost constant erection and is of an intense red or violet hue. The general aspect is that of abuse by friction of the thighs but it is differentiated by the absence of any marked labial deformities.

My friend Dr. J. Lee Macomas has called my attention to another form of abuse characterized by elongation of one only of the labia minora the result of abuse by pulling upon this lip with the fingers, the right lip being thus deformed in right handed girls and vice versa. The cases are interesting as they comprised a colony of girls each and all being chlorotic and neurasthenic. After ineffectual treatment of these blind cases he surmised the cause and obtained a confession from one of the girls and by examination of others confirmed the diagnosis.

Such a confession is the only sure proof beyond catching the culprit "in flagrante delicto." In the home parental ob-

servation may prove your suspicion. No sooner has the child gone to bed than the hands and perhaps the face, that open index of thought, act and fact, go under the bed-clothes. To effectually conceal the intentions sleep is simulated by uniform breathing and even snoring. In the morning when called the child apparently wakes up from a deep sleep, yawning, rubbing the eyes, stretching the limbs and exaggerating the scene of interrupted sleep complaining of the rest being broken and of fatigue, with the sole idea of lengthening the time for self-indulgence before rising.

To pretend to be deceived and suddenly surprise the child is a lawful subterfuge in such a case. If nothing but a suspicion exist well and good, no harm is done. On the other hand if the act exists the child instead of being refreshed by sleep will be flushed and prespiring, the respiration will be catchy and sighing, the pulse will beat rapidly and the heart perhaps palpitate, the skin will be hot and every character will point to the exhaustion of the organism by the genital organs.

When the child is thus surprised says Deslandes the hands will doubtless be found upon or near the genital organs. If a boy the penis will be in erection and there may be a recent pollution, the odor *sui generis*, emitted from the bed and fingers being still further proof of the case. If a girl the parts may be found flooded with the vaginal secretions while the fingers may be moist with saliva and local secretions.

In school when parental supervision is not possible other pointers must be observed as vanes of straw showing the way the wind blows. Boys who carry their hands in their pockets the greater part of the time often have a hole in them for the purpose of reaching and handling the genitals unobserved. Stains of sperm or vaginal secretions may be found on the bed linens, towels, night-dresses, shirts, chemises and handkerchiefs of the pupils, stains that can be identified by the color, the odor and microscopically.

In convents and other schools for girls there may be some who retire by themselves during hours of recreation; these if watched will doubtless perform the balancing act which may be repeated or continued in the class room by swaying from side to side with the legs crossed or the feet treading the floor. Examination of the nails will often show one, usually that of the middle finger, extremely short, cut even to the quick so

that only the soft, pulpy end of the finger is exposed. Boys and girls will often have one intimate friend with whom they associate the most of the time and the faces when they are together will often show the thoughts. Again frequent and protracted visits to the closet with a companion should excite suspicion.

After all the simplest and most conclusive method is the confession. This however as previously said requires skill in questioning and cross-examination to gradually lead up to and bring out the key fact. The most important factor is to gain the confidence of the patient and put him or her at ease, but unfortunately this manner cannot be acquired, being a gift of nature the winsome attraction of personal magnetism. Austerity and recrimination are not in the question and will effectually prevent confidence. The morality of the act does not enter into the physician's field of action. It is not his part to judge the individual act, but it is his part to commiserate with the unfortunate patient, whose conscience is forever preaching to him severely; to recognize the existence of the disease, for such it is, and to kindly but emphatically and yet not severely state the case and its dangers in a temperate way without exaggeration, recommending the proper moral and physical regime and medicine to cure the disease as he would in case of over-work, poor food or any other deleterious influence or environment.

A moralizing tirade directed against the abuse in general and the patient in particular will effectually close the mouth and ears of the would be confidant and he or she will go away never to return to that physician, however skillful he may be professionally, leaving no secrets, taking no good advice, possibly to fall into the hands of some less skillful, but more polite, if not sympathetic brother or even quack.

The greatest difficulty lies in the verbiage. To speak plainly is without question the best way but it is often difficult to do so without offense, especially with women, whom as physicians we may strongly suspect and as gentlemen should respect.

With only a more or less vague suspicion to stand upon it is a delicate matter at best. To demand an avowal is often to express a doubt and suppress confidence. On the other hand a blunt accusation may be wrongly made to an innocent

patient and thus wound the feelings and worse, suggest that which was before unthought of. To beat about the bush with ambiguous terms and allusions is to arouse misunderstanding and sometimes evokes an avowal of an act which does not exist, the patient mistaking the allusion as referring to legitimate and natural acts.

To gently inform the patient that you are not ignorant of the abuse is perhaps the best way. It needs no explicit arraignment; only a suggestion to show your meaning. The patient thus approached may confess at once, astonished by your perspicuity or by an embarrassed and halting negation or defense prove the truth. On the other hand if the suspicion is unfounded your professional credit will not have been hypothecated as the patient will not understand the allusion or surmise your suspicion.

Sometimes the heroic method of acting as if the abuse were known and advice in accordance therewith will prove the suspicion true by the sequence of action and event. Either of the two latter methods is good because it avoids that which is most painful to the patient, the avowal, which being made the rest is easy, while rather than make it, he or she may keep silent, sacrificing the desire for relief to natural modesty and shame. Any of these methods is better than to suspect the abuse and let the patient go on unquestioned and unadvised. Rather, unscientific as it may be, go it blind or refer the patient to another physician, who, with more strength of character, can and will make the diagnosis by observation and investigation if you are too timid or too overmodest to follow the line marked out.

[To be concluded].

**MECHANICAL TREATMENT OF CHRONIC RHEUMATISM.** By S. P. WALBRIDGE, M. D., Decatur, Ill.\*

**MR. PRESIDENT AND GENTLEMEN:**—You have all had come to you from time to time for relief cases of chronic rheumatism. By rheumatism in its widest sense I mean shifting pains in the joints, the parts surrounding the joints and in the muscles. These poor sufferers come to us in various phases. In a few the nutrition and general health of the patient seem not to be materially altered. But in a great majority of cases

\*Read before the District Medical Society and Capitol District Medical Society of Central Illinois, April 26, and May 5, 1892.



there will be found altered nutrition with its resulting changes in the blood, nervous system, and muscular tissues. Rheumatism affecting the muscles in its various locations upon the body are amenable to treatment by remedies both local and constitutional. These remedies that have an alterative process upon nutrition seem more potent for good.

For instance, the salicylates changing the quality of the blood, iron a constituent of the blood to the red corpuscles of which it gives color, morphine and atropine increasing the heart's action and sending the blood with greater force, thereby setting up molecular changes. Strychnine, alcohol, arsenic, antipyrine, ammonia, guaiacum, iodide potassium, sulphur, cod liver oil, counter irritants, friction, and food consisting of fats, all of these setting up metabolic changes, altering the blood, nervous system, and general nutrition of the parts. Sometimes a single drug of this list or a combination of some of these will act in some cases admirably. But in most cases this plan of treatment must be continued for some time until there is brought about an altered condition and nutrition, for undoubtedly there is an altered condition existing either in the blood, nervous system, or muscular tissues, each case peculiarly adapted for a certain line of treatment. But unfortunately we will have cases come to us that seem to resist all medication. Then we will have to devise some method by which we can cure our patients, or they will slip out of our hands and go from physician to physician and at last become discouraged and give up all hope of ever becoming well. This class of cases that will resist all medicinal treatment is that affected with chronic rheumatic arthritis which presents the clinical features of pain, impairment of function in joints, muscles, contraction of tendons, swelling and adhesions. These cases are not benefited by any form of treatment other than that relative to the joint. Then what is the proper method of treatment and indications for treatment. They are to relieve pain, promote absorption, hasten the removal of adhesions and set up molecular changes in the surrounding parts. Only by mechanical means including calisthenics with its healthful exercise of body and limbs, can we then hope to break up existing adhesions, to smooth the roughened articular cartilages lengthen the contracted tendons, and nerve tissue, and restore the joint to its former suppleness. First

by a process of stroking and kneading in a centripetal direction, stimulating the lymphatics and venous currents, and surrounding tissues to greater activity, carrying the lymph with greater rapidity towards the centre. By these means the lymphatics and circulatory system are stimulated setting up changes in the nutrition, causing healthy activity in the parts. In cases where there is perceptible defective nutrition, constitutional remedies with dietetic medication must be employed. I will give you a few cases that came under my care after exhausting all other methods of treatment, the patients becoming tired of treatment and threatening to go to some Springs for relief. I began mechanical treatment by manipulation of parts, stroking, kneading with active and passive movements.

CASE I.—Mr. H. J., a day laborer, age forty-six, came to me in April of last year complaining of severe pain in back and right thigh down to knee, he was scarcely able to walk by use of cane, could not raise foot to stair steps without the help of both hands grasping and lifting it up. He said his right leg had troubled him for two years and had constant pain in posterior part of thigh. While seated he could not raise himself without the support of his cane. While he was seated I could not raise his foot from floor with leg extended more than one foot, it causing him severe pain in posterior part of thigh, in knee and hip. There was great sensitiveness at the point of exit of sciatic nerve and at different points along its course and in popliteal space knee slightly flexed and steps on toes. Patient well nourished and otherwise in good health. After faithfully trying medicinal means without any benefit I began mechanical treatment by kneading and stroking of parts, all kinds of movements being very painful to parts. I began gradually and with the simplest movements, it being very difficult for patient to raise foot and thigh. I laid patient on the table and began with the simplest movements; as raising the affected member as high from table as possible, desist when the pain becomes severe for in these cases flexion or extension are very painful in hip and knee-joints, as the distance in raising foot is increased, so will the pain become lessened when patient is up and about. Rest patient and try again increasing the height each time. By this manner the sciatic nerve and the muscles and tendons are put upon a stretch, for in most cases these tissues become shortened, their physiolog-

ical action impaired and by our endeavor to put these tissues on a stretch can we hope to bring back their normal physiological action. Alternate by stroking posterior part of thigh in a centripetal direction and kneading the muscles having for its object the alterative changes that will follow in muscles and nerves improving the circulation and stimulating lymphatic resorption. Change movements by letting patient step over some object, say one or two feet high. It is a good plan to direct patient for by partial disuse, the cerebral powers causing the requisite contractions seem to be lost, so by directing patient this lost power is gradually restored. Then direct patient to bend knee on floor raising himself up several times. All of these movements can be increased each day. I then instruct patient to walk properly, stepping on heel instead. By this manner of walking all the parts are kept on a stretch. These various exercises should be gone through every day. The object is to keep parts active and giving patient all the movements you can employ. This patient had been affected about two years; when under treatment eight weeks was discharged cured; more than a year has elapsed and he has had no return of rheumatism. The daily exercise lasted about twenty minutes, long enough to keep parts thoroughly exercised and not exhaust patient. In these cases the physician will become tired some and he will find that if he does his full duty it will be work for him as well as the patient.

CASE II.—Mrs. H. K., age thirty-six, sent for me to go and see her at her home in June of last year. She came to the door on crutches. She said that she had been troubled with her feet and right knee for eighteen months and had been compelled to use crutches for past ten months. On examination I found both ankles swollen, would pit some on pressure and suffered with constant pain, movements entirely lost by her own effort and any effort in making active or passive movements caused her so much pain that all such efforts were delayed for some days. Right knee-joint affected with constant pain, synovial exudation quite abundant, could not put knee in extension, the pain was so sickening. The general nutrition was impaired. The heart was in proper position. I could distinguish no murmurs but the first sound of heart was weak, it seemed to beat no stronger than second sound. It was easily excited and she complained of being faint at times and thought her

heart would stop beating. For her heart I put her on a mixture of tr. iron, quinine, strychnine and magnesii sulphate with a vehicle of glycerine and water, to be shaken and taken in water three times a day. After taking this mixture for a few days she began to improve in strength, her heart increasing in force. But her ankles and knee remained unchanged. I began by using hot and cold water on parts alternating until the sensitiveness of parts was diminished, then gradually beginning by stroking and manipulating parts followed by active and passive movements. This plan of treatment was continued for two weeks increasing the movements each day, at what time I took her crutches from her and told her not to use them any more, but to walk without them and try to walk properly. Her strength in ankles gradually returned, the swelling subsided. The active and passive movements were continued for six weeks, at that time she was well enough to stop active and passive movements. The constitutional treatment was continued for two months.

CASE III.—Mr. J. McK., a plasterer, age forty-six, sent for me in April of last year. I found patient confined to the bed, could not turn over in bed without help. On examination I found some tenderness in loins on either side of spine, in lumbar region but no change of structure was apparent. I prescribed for him quinine and sodii salicylate two grains of the former and four of the latter to be taken every two hours until the physiological action of the drugs was produced. This followed after they had been continued for two hours but no relief of the symptoms followed their use. I followed by using phenacetine in ten grain doses every three hours until the effect of the drug was produced. This in a measure relieved the pain but the weakened condition of the heart that followed and general prostration compelled me to discontinue the drug, and resort to stimulants. I immediately administered a hypodermic of morphine and atropine and was followed with improvement of all symptoms. But after the effects of the hypodermic had passed the pain returned with as great a force as at first.

Three days had now passed and my patient was no better. I then resorted to mechanical treatment. First, by kneading muscles of back and stroking them. After I had proceeded in this manner for a few minutes my patient could turn over in

bed and express that he was feeling better. The next day I got patient out of bed and began active and passive movements by having him stoop down and raise up several times, then bend backwards several times. From this time patient kept on improving and remained up. It astonished me to see how fast this patient improved after active and passive movements suffering with such a severe lumbago.

CASE IV.—Mr. J. D., machinist, age forty-seven, came to my office last October, walking unsteadily by use of cane, complained of pain in back and right hip and thigh, said he could not lift foot so he could walk well. On examination I found tenderness over exit of sciatic nerve and in popliteal space, knee slightly flexed stepped on toes. While seated when I lifted foot he cried out that he came to be cured and not killed. I explained to him that he must make up his mind to bear a little pain and that he would get well. I laid him on the table and began by lifting foot as high as possible stroking and kneading hip and thigh, gradually increasing height. I then changed his movement by having him walk and step over some object increasing height. I instructed him to kick as high as he could several times a day with the leg and keep it active for it needed activity and not rest. I took his cane from him and instructed him not to use it any more. I increased all movements as in case first and after three week's treatment patient was discharged cured.

CASE V.—Mr. C. B., a merchant, age sixty-six, came for treatment in March, he complained of pain in right shoulder, arm and fore-arm at night so bad patient could not sleep only by the use of a hypnotic. Examination revealed tenderness at points on shoulder and inner surface of arm along course of median and musculocutaneous nerves, the grip of hand was so perceptibly lessened in right hand that patient could not hold a glass of water. This condition had lasted nearly two years and was constantly growing worse. I began by stroking, kneading and manipulating muscles of shoulder, arm, and fore-arm. Then direct patient to extend arms over head, which was very difficult for him to do; he could not fully extend arm, it gave him so much pain. I directed him to strike up using all the force he could first with one arm then with the other arm. Then direct him to strike out from body. Then strike down. Then throw arms backward as far as pos-

sible. By degrees these movements were increased in force and became more easy for patient. I then gave him weights to hold out increasing the weights until patient could hold out as much with one arm as with the other, all of these movements were kept up every day for four weeks, when patient could sleep without pain. This patient had resorted to medicines for more than a year for the relief of this cervico brachial neuralgia without any benefit. To give more cases will make this paper too long and tiresome. These cases being unusually severe ones will illustrate the method of treatment and its results contradicting the old teaching that these cases need rest.

What physiological effects are produced. The primary effects are upon the joints, muscles and nerves. In the joints stiffness, adhesions and contracted tendons are broken up and got into proper condition for absorption. The secondary effects are produced upon the circulation and lymphatic system. The muscles and nerves are surely elongated, heat must necessarily be involved by the manipulations, changing the molecules of the muscles from an inactive state to an active state causing internal work setting up molecular changes in all the surrounding tissues. The circulation and lymphatic system are stimulated. By stroking in a centripetal direction the lymph and venous currents are increased altering the whole process of nutrition. The waste material is carried away by increased action of the lymph and circulation and new nourishment is more readily carried to all the parts feeding them and enlivening the whole organism.

#### LOCAL TUBERCULOSIS AND ITS MODERN OPERATIVE THERAPY.

By M. CLAY WYATT, A. M., M. D. Springfield, Mo.

To Koch is due the merit of having discovered the most potential factor in the causation of the multiform expressions of cellular necrosis. His timely discovery of the bacillus tuberculosis and its specific character has resulted in a general reconstruction of our nomenclature and pathological classification. Visceral tuberculosis, glandular scrofula, the various forms of surgical tuberculosis, as instance: Lupus, caries, arthritic and synovial affections, are all evidences of the same causative factor. It is very important that we have a correct understanding of the modus in which this vegetable

parasite invades certain tissues, and establishes its destructive processes. To avoid any elaborate review of the pathological process we may say that the one distinctive feature of this bacillus is to incorporate itself with a white blood corpuscle, and to influence it in such a manner as to transform it into a lymphoid cell. In process of time other cells of an identical character will be found contiguous to the primeval cell, which will have become multinuclear and contain a nest of bacilli. The nuclei of these cells undergo a peculiar metamorphosis and become a coagulated mass. With the formation of this *ischæmic* mass of necrosed elements the process known as *caseation* is established. Should there be an exudation of *blood serum* and *white blood corpuscles* we shall have an emulsive detritus resulting, and if this occupies a superficial position we may have spontaneous evacuation, and an eventual obliteration of the cavity by the process of adhesive inflammation of its walls. It shall be our purpose at this time to speak only of those expressions of the tubercular process which come properly within the province of the *surgeon*, and in so doing I shall particularize the cutaneous glandular and osseous varieties of the morbid process. A proper understanding of the essential nature of these various forms of the pathological conditions will lead evidently to a *rational discernment* of the principles governing its treatment. Under the old *régime* lupus was treated with caustics with great assiduity and persevering attention, and admittedly with very unsatisfactory results.

According to modern views lupal ulcers should be promptly extirpated and in this extirpation we should be especially careful to remove all tissue which may be involved, else recurrences may be reasonably anticipated.

Again, in the very frequent caseous chronic lymphadenitis the best results will be obtained by early operative interference. Not waiting until the caseous gland becomes emulsified and a disfiguring ulcer is established. If extirpation of involved glands be not practiced, then we may resort to intra glandular injections of an emulsion of iodoform as recommended by Vernueil. It may be well to remember that in all such cases we should observe scrupulously thorough aseptic precautions.

But, it is to caseous tuberculosis that I desire especially to

direct attention, and to the excellent results which are being obtained by early recognition and prompt operative interference. It will be admitted that until within a very short period the tuberculous character of a very large proportion of osseous and arthritic affections was not an accepted fact among surgeons. But to-day it is an acknowledged verity, and our more perfect and elaborate methods of determining the positive actuality of such removes it practically beyond the realms of serious disputation. The certainty of the presence of the tuberculous bacillus, establishes, at once, the essential character of the process. It will not seriously concern us at this time as to the manner in which this specific bacillus gains entrance into the system, and finally into the diseased bone or joint. Suffice it to say that as a general proposition, it is through the agencies of the pulmonic and lymph glands. A traumatism may act as a secondary factor, with exudation of a white cell—subsequent infection by the bacillus, and a distinct localization of the tuberculous process established. It is true, in the main, that these osseous and arthritic forms of tuberculois show little disposition to become general, which is probably due to the fact that in these varieties there will be found, instead of the the *lymphoid cell tubercle*, the *epithelioid cell* which is *benignant*. A fair idea may be had of the relative frequency of tuberculous arthritis and synovitis when it is remembered that seventy per cent. of all arthritic and synovial diseases are distinctly tuberculous.

Of the treatment, one of two methods may be adopted in early tubercular synovitis or arthritis. As soon as we ascertain any local swelling, elevation of local temperature, pain, tenderness, and stiffness of joint in a person of lymphatic habit we will secure eminently satisfactory results by intra-articular injections of iodoform. If there be purulent accumulation, it is evident that we should open the joint, remove all tubercular products, dress aseptically and immobilize. When we have discovered necrosed bone then nothing remains but the thorough removal of all degenerated tissue and sequestra—all of which should be done *preferably* under continuous irrigation; thorough mopping, coaptation, suture, and toilet completed by Schedes' modification of the dry aseptic dressing. The iodoform treatment is especially applicable in cases of children where resection or amputation



would result in great deformity. Under this plan of treatment seventy-five per cent. of the cases recover, which it must be admitted is eminently gratifying.

GONORRHŒA. A Clinical lecture delivered at the New York Polyclinic, by JOHN A. WYETH, M. D., New York.

My idea about gonorrhœa is that we should treat it just as we do an acute abscess; that is by drainage, with just as much asepsis as possible. Let the urethra hang downwards, with a bag of some sort loosely attached to it to catch the discharge. Do not have it tightly bandaged or plugged up with cotton. In a specific urethritis, where the inflammation has extended into the deeper layers of the epithelium, the various bichloride and zinc injections are not likely to do much good. In an ordinary, non-specific urethritis, however, where the inflammation is superficial, you can inject with good results. There are certain remedies which will increase the amount of urine and render it aseptic, so that you can use the bladder as an irrigator in gonorrhœal inflammation. Among these remedies is boric acid, or, better still, the oil of gaultheria. This drug will absolutely sterilize the urine. You can give five or six drops every three or four hours. During the latter stages of the inflammation, mild solutions of the sub-acetate of lead can be used, which will help keep the urethra clean. A syringe with a short nozzle should be employed, so as to only just enter the meatus. The injection should be of moderate size, so as not to over-distend the urethra. During the acute stages, I instruct my patient to take a warm sitzbath night and morning. When the acute stage has subsided, the administration of some of the so-called blennorhetics will be found beneficial.

I have found the capsules containing Santal-midy, a preparation made from sandal-wood, a very good thing. I consider these superior to the old-time cubeb preparations, which are liable to disturb digestion.

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Honors to a Doctor.—Maysville College, one of Tennessee's best seats of learning, has conferred the degree of LL.D., upon Dr. Reynold W. Wilcox, of New York.

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### NEW CODE, OR NO CODE.

The developments which manifested themselves at the late meeting of the American Medical Association have led many of the more serious members to think. Our readers will remember that a rather bitter and acrimonious discussion was indulged in on the question of the admission of the New York "New Code" delegation. The result was a victory for neither side, but rather a compromise, a course which was plainly an admission of weakness on the part of the supporters of the code of Medical Ethics of the American Medical Association. This disastrous concession has induced many to declare that the only way out of the difficulty is an open and final declaration of principles or the abolishment of the code. In other words their cry is—a new code, or no code.

It has been a matter of common observation and remark that no code whatever would be far preferable to the methods which have crept in of late, whereby the Code of Ethics has been systematically disregarded by a certain proportion of the profession, with the possible exception of those cases wherein it would serve a purpose to wreak vengeance on others or to punish them for some trivial offence. Truly, in such cases, no code would be far preferable to the misapplication of a set of rules which were never intended to be used as an instrument to work harm to others.

The precipitation of matters recently may, in reality, turn out to be a blessing in disguise. There is no doubt whatever that the Code of Ethics, as it now stands, needs thorough revision. Ideas as well as environments have undergone great changes since it was first framed in 1846. The conditions existing in the medical profession are no longer the same as formerly, and the social as well as professional standing of the medical practitioner has undergone modifications. Some portions of the Code of Ethics are mere useless lumber, cumbersome and superfluous. An instance in point is that part relating to the duties of the patient to the physician. As the parties chiefly in interest—the patients—never have an opportunity to read it; and, in many instances, would not be able to do so, it seems rather superfluous to include such matter among rules which are supposed to serve physicians as guides in their professional deportment.

We do not desire to debate upon the superfluous features, nor upon those clauses which have been excepted to by certain members of the profession. When looked upon calmly and dispassionately it is a very difficult matter to impugn the motives and actions of certain physicians who must be acknowledged correct in every point except the one under consideration. The lines of demarcation between the various schools are becoming less clear cut and in many instances, are so shadowy as to require a great deal of acumen to show them reminding one very much of the distinction “twixt tweedle-dum and tweedle-dee.” Despite this close resemblance, we desire to state that we are no believers in any “pathy” or ism. There is but one art of medicine, and he who practices it is a physician or a pretender. He is a practitioner of medicine or a quack. He is a student of medicine, honest in his efforts, unremitting in his labors, or an excuse therefor, who desires to invest himself with habiliments not his own by hiding his defects under a garb of tinsel and fabrication.

As no law is certainly better than a bad one, one full of flaws and defects, so is no code better than a poor one. The time is ripe for a thorough revision and the American Medical Association has very wisely concluded to commit this necessary change to the charge of a committee composed of capable, honest and fair-minded men. Next year we hope to see the

whole matter adjusted in a manner which will prove satisfactory to all, and, at the same time, present us with a set of rules which, while in no sense oppressive will be of the highest value to the profession, in so far as some individuals may need a proper, safe and reliable guide for their professional acts in general and toward each other. We are pleased to see that the Association has taken this step forward, for it will silence that monotonous cry which has been continually dinned in our ears, that it was retrograding and was fast becoming a museum of medical fossils.

#### EDITORIAL NOTES

**SURGERY AND VIVISECTION** have been recently discussed in England. At the annual meeting of the Royal Society for the Prevention of Cruelty to Animals, a report was read in which reference was made to the subject of vivisection, the committee deploring the increase that had taken place during the past ten years in the number of experiments. Lord Aberdare, the chairman, expressed regret that influence was being brought to bear to get the Society to take up the question of vivisection. He had himself been operated upon several times, and operations were quite painless, and he was much better for them. As long as he was president he should oppose the mixing up of the two matters.

**THE SPREAD OF CHOLERA TOWARDS EUROPE** is commented upon by the *Lancet* as follows: There can be but little doubt that cholera is spreading in Persia in a direction and on a scale that is likely to constitute a grave danger to Europe. In the district of Meshed the deaths are estimated at from 150 to several hundreds a day, and the approach of the disease to the Russian frontier is looked upon with serious apprehension. The Russian Government have appointed a Commission, and places of observation have now been established at Baku and Astara for the Black Sea and Caspian Sea, besides a number of stations along the frontier; and by these routes alone will passengers and goods be allowed to enter Russia. This is the old route by which cholera has travelled from east to west in former years, and there is no reason to doubt that the sanitary state of many places in Southern Russia is but little different from that which prevailed in former years when cholera and the so-called Astrakan plague were so rife amongst the

inhabitants. The trade routes from Persia into Europe in the neighborhood of the Caspian and the Black Seas are especially dangerous in the case of a disease which is now shown on incontestable evidence to spread, in Europe at least, along the lines of human traffic and inter-communication. Hence other countries in Europe besides Russia should be prepared for any emergency that may arise, and our own sanitary authorities will not fail for work if they seek to remove in advance all conditions in their districts which are favorable to the diffusion of imported cholera.

EARLY MEDICAL TEMPERANCE TEACHING has been continued up to this day. The medical profession has been subjected to not a little popular condemnation (*Brit. Med. Jour.*), in the belief that the profession has been opposed to the modern temperance reformation. That this is an erroneous belief has been clearly demonstrated by the long record of abstaining medical practitioners who have advocated the practice of temperance, and taught in unequivocal language the true action of alcohol on body and brain. From its earliest beginning the temperance movement has always numbered medical men among its prominent advocates. An old lecture recently reprinted, delivered fifty-five years ago by Dr. H. W. Dewhurst, a metropolitan hospital surgeon, is but another proof of the strong support given to temperance by members of the profession. Dr. Dewhurst detailed the various morbid states produced by alcohol, and described most graphically the affection now known as alcoholic phthisis, and also alcoholic premature old age. He specially appealed to parents to become abstainers for the sake of their children.

DENTISTRY is undoubtedly the most useful and the most reputed of the departments of specialized surgery says the *Medical Press*. The idea that the care of the teeth might safely be confided to the extractive mercies of the family medical attendant has long since been exploded, and of late years people of the middle classes of society have more and more availed themselves of the services of the skilled dentist. As a nation we are still far behind our Transatlantic cousins in the amount of attention and care bestowed on the beautification and conservation of the teeth, but year by year the prophylactic value of the dentist's skill is becoming more widely appreciated. At

the last meeting of the Board of Management it was decided to appoint a paid dentist to attend to the teeth of the children in the Hanwell Parochial Schools, and few persons will be disposed to find fault with an innovation so conducive to comfort and health. There still survives an impression that a dentist is a luxury, but it is not so long since that the importance of attending to the eyesight of school children has come to be generally recognized. The dentist will probably do more to procure relief from suffering and to promote health than even the optician, and we can not but applaud the new departure.

MEDICAL MUSEUMS are certainly not intended to serve as a means of delectation to all those who may have a certain amount of inane curiosity which they desire to gratify. The following by a writer in the *Hospital Gazette* is certainly as applicable to many of our museums as it is to the celebrated one alluded to: A contemporary calls attention to the laxity which prevails at the College of Surgeons in respect of the admission of unauthorized visitors to the Hunterian Museum. The rule that only members, or persons introduced by members, shall have access to the Museum, has long since fallen into abeyance, and at present every curiosity-minded hobbler can penetrate the august precincts on merely signing the visitor's book in the hall. Students and others who are entitled to go there for purposes of study could easily be provided with a written authority, to lend which would involve the loss of the privilege. In this way genuine students would be protected from the distraction of gossiping strollers, and the gratification of idle or prurient curiosity would be put a stop to. I should imagine it will suffice to call the attention of the college authorities to the inconveniences resulting from the present laxity to ensure a more rigid enforcement of the rules in the future.

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Prof. Louis Pasteur has been recently reported as suffering from "cholérine," which is prevailing in Paris at present. Some Paris papers had gone so far as to assert that the attack will prove fatal. From late advices we learn that he is in a fair way to regain his health.

## Microscopy.

**An Error Corrected.**—In an article about the *Microscope* and the *American Microscopical Journal*, a few numbers ago, we stated that Dr. Shanks was to have charge of the editorial department of the *Microscope*. We are informed that this is an error. Dr. Shanks was tendered the editorship, but up to the present has not accepted.

**New Method of Staining for Bacillus Tuberculosis.**—At the séance of the Société de Biologie, of May 7, M. Solles showed his method of investigating tissues, etc., for bacillus tuberculi. The tissues are prepared in the usual way for embedding in celloidin (first in alcohol for a few hours, then in absolute alcohol for a few more, then into ether, and finally into collodion), and sectioned. The sections are stained with the following solution:

Prussian blue..... 1 gramme.  
Oxalic acid..... 20 centigrammes.  
Distilled water..... 100 grammes.

Mix and dissolve. Then dissolve one gramme of gelatin in one hundred grammes of distilled water, and mix the two solutions.

This liquid will penetrate and stain the anatomical elements, but does not affect the bacillus. These latter are thus remarkably clearly differentiated from surrounding structures.

**A Simple Method of Illuminating.**—In consideration of the importance to the microscopist, says Dr. A. Zimmermann in the *Zeitschrift fuer Wissenschaftliche Mikroskopie*, of the kind of illumination used in the examination of objects a simple method of determining and obtaining the most favorable illumination for each specimen will be most welcome to all workers with the microscope. It seems to me not improbable that other microscopists, especially those who have investigated Abbé's theory of illumination, have hit upon the plan that I am about to describe, but I am convinced that the latter is not generally known. It certainly is not described in any textbook of microscopical technology that I have yet seen. It is briefly as follows:

After the object has been placed upon the stand and the latter arranged in the desired position, remove the ocular from the tube and look down the latter with the naked eye. You will see whether you are using the mirror alone, or the Abbé condenser, artificial or natural light, a reversed image of the source of illumination. Now arrange your mirror or your condenser, or both, so that the illumination thus obtained shall be as bright as possible over the entire field of vision. When operating with natural light you will soon be able to throw upon the object only the spot of sky from which your light comes, and avoid the mullions of the sash or casing of the windows through which such light comes into the room. If the lamp is used it will be but little trouble to bring the image of the flame directly into the centre of the field of vision. Especially is this useful when examining highly colored objects, as in this way the entire surface is evenly illuminated.

**Fixing and Hardening Tissues.**—A writer in the *Pharmaceutical Journal and Transactions* gives the following upon this subject. When it is proposed to study the histology of plants it will be found necessary to prepare the tissues of fresh specimens somewhat before proceeding to actual work. And according to the manner in which it is proposed to study the specimens, the method of this preliminary preparation will vary. When it is simply the general histology of the plant that is to be studied, the kinds, shapes, and relative positions of the different tissues, it is sufficient to harden these so that they may be sufficiently firm to admit of thin sections being cut satisfactorily. If however, it is desired to investigate the cell contents *in situ*, and particularly the structure of the protoplasm and nucleus, the histological elements must be fixed, *i. e.*, rapidly killed, so that the different elements may retain unchanged the forms they had whilst alive, as well as their relative positions. The more skillfully this is effected the better the results and the greater the dependence that can be placed upon them. Simple hardening of vegetable tissues is best effected by means of alcohol of ninety per cent. and sections may afterwards be cut without further preparation of the mass. For all ordinary purposes methylated spirit of sixty-four o. p. (old form) will serve, but for special cases a mixture of equal parts of absolute alcohol and rectified spirit, B. P., is better. Objects may be preserved in these media for an in-



definite time, undergoing no change, apart from the extraction of chlorophyll, resin, and other substances soluble in spirit, except the aquirement of a certain degree of brittleness. This may be remedied, and excessive hardness in fresh specimens also removed, by placing the object, some hours before cutting, in a mixture of equal parts of glycerine and strong alcohol. The latter on exposure, gradually evaporates, leaving the glycerine to saturate and toughen the tissues. Another method is to soften in a mixture of water and glycerine in equal proportions as long as may be desirable. Fixing, which of course, is accompanied by hardening, may be performed by means of absolute alcohol, or on aqueous solution of picric acid (saturated) or chromic acid (0.1 to 0.5 per cent.). The after-treatment with the first named will depend on the length of time the immersion continues, and this in turn will be regulated by the nature of the specimen. Very soft specimens must remain until hardened sufficiently to bear the knife, others may be cut straightway, and only when any are left very long will it be necessary to toughen by means of glycerin, as in the former of the two methods already described. When the acids are used there should be thorough permeation by the reagent. This may take from a few minutes to several hours, and must be ascertained by actual experiment. On removal, the tissues must be washed thoroughly to remove all traces of the acids. With picric acid, washing with seventy per cent. alcohol (methylated spirit dilute with one-fourth its bulk of water) is to be preferred. Chromic acid should be removed by washing with water. Specimens prepared by either method may be afterwards preserved in ninety per cent. alcohol until required for use. In all fixing and hardening processes objects should be immersed in about twenty times their bulk of the selected fluid, and this should be agitated from time to time to insure thorough penetration. F. L. J.

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There's the Rub!—Dr. Reinschindler, a German physician, having recommended insufflations of boric acid as a sovereign remedy in constipation, a writer in *Médecine Moderne* pertinently inquires “where the devil are we to find somebody willing to blow boric acid into our — every time that we get constipated?”

### Dermatology and Genito-Urinary Diseases.

**Varicose Eczema.**—The following ointment has been recommended by Davezac in cases of varicose eczema :

℞ Zinc oxid.  
Talc. veneti,  
Picis liquid.....℥℥.....gr. xxiv.  
Vasellini.....℥j.

M.

Sig. : Apply morning and evening.

**Bath Treatment of Eczema** —Lassar (*Wien. Med. Woch.*), says the old idea that baths are contraindicated in inflammatory conditions of the skin is erroneous, as, on the contrary, they tend to keep down such affections, and scabs and crusts are removed. An example is seen in the progress of moist eczema in the skin folds of infants through want of using the bath. The bath possesses a resorptive power, allays both itching and pain, and should always be employed before the application of any medicament indicated for the skin affection.

**Tertiary Syphilides.**—The following solution has been recommended by Ernest Besnier as a substitute for the syrup of Gibert which is badly borne by patients, as a rule

℞ Liquor Van Swieten.....℥iv.  
Kali iodidi.....℥j.  
Aque destillat.....Oj.

M.

Sig. : A tablespoonful before each of the two principal meals.

Van Swieten's liquor is simply a solution of bichloride of mercury of the strength of 1-1000.

**Treatment of Sycosis.**—Kromayer (*Therap. Monatsh.*), says that sycosis is always due to micro-organisms, either the fungus of herpes tonsurans or the staphylococcus. The two points in the treatment consist in (1) preventing auto-infection, and (2) curing the infected places. The latter is effected by depilation and the use of Rosenthal's ointment (sulphur and zinc oxide), but if thick infiltrations exist scarification or scraping may be necessary. If many pustules are present incision and the application of solid nitrate of silver may be useful. Auto-infection is prevented by depilation of the

sound hairs in the neighborhood and the vigorous application of a strong spirit solution of corrosive sublimate. Thus in the evening depilation is performed and the ointment applied, and on the following morning the parts are cleansed with paraffin from the remains of ointment, secretions, etc., then disinfected with the mercurial solution and covered with ointment.

**Condylomata Acuminata.**—The following powder is recommended by Neumann in the treatment of venereal warts :

R Pulv. Sabini..... ℥jss.  
 Pulv. ferri sulphat,  
 Pulv. aluminis calcin..... ℥ss..... ℥iv.

M.

Sig.: Apply twice daily.

After applying the powder cotton should be placed over it. The growth may also be painted with tincture of iodine or solution of perchloride of iron. If these means fail, the condylomata should be cut off with scissors, curetted, or removed by means of a galvano-caustic wire, the galvano-cautery, elastic ligature, or by other means which will accomplish that result.

**Tinea Versicolor.**—This disease of the skin which is called chloasma by the English is due to a vegetable parasite of very low vitality. The disease is one which is very stubborn to treatment and for this reason many different forms of remedies have been proposed for the cure of the condition. One of the latest, which appeared to be very simple and which was claimed to be efficient, is ordinary benzin. I have given this a fair trial and the result has been a complete failure. It was used alone and in conjunction with *sapo viridis*, which latter in itself is frequently all-sufficient. However, no good results were perceptible and a final recourse to older and more tried remedies resulted very favorably. As the item seems to be still going the rounds of the press, I desire to call attention to the fact that benzine is not everything which is claimed for it.

**Syphilis and Pregnancy.**—Augagneur (*Nouv. Arch. d'Obstét. et de Gynec.*), holds that the local treatment of syphilis is of the highest importance in pregnancy. Free antiseptic disinfection must be used at first—sublimate, boric acid, etc.; but care must be taken not to apply solutions too

freely or too long. The humidity of the parts in pregnancy may cause accidents. Hypertrophic lesions of the vulva must be carefully treated. Thus condylomata must be freely and frequently dusted with boracic acid powder. All fissures and folds in the condylomata must be filled up with the powder. The best powder to keep the growths thoroughly dry and thus to cause their atrophy is made of ten parts of boracic acid to twenty of powdered talc. This compound is almost impalpable, non-irritant, antiseptic, and very adherent. Without careful treatment condylomata grow quickly in pregnancy, and may cause grave complications.

**Treatment of Tinea Versicolor.**—The following is the treatment pursued by Fournier :

1°. At night the following ointment is applied to the affected portions :

R	Flor. sulfuris.....	gr. viij.
	Tinct. benzoin.....	℥j.
	Ol. amygdal dulc.....	℥ijss.
	Medullæ bovis.....	℥j.

M.

2°. The following alkaline wash is used in the morning :

R	Natri carbonat.....	3 ss.
	Glycerin.....	℥ij.
	Aquæ rosæ.....	℥j.

M.

Instead of rose-water, bran-water may be used with advantage.

It will be found useful to precede the night application with a soap and water bath ; and, in my opinion, the sapo viridis would be the preferable form of soap as it has a great influence in the removal of a large quantity of the parasitic growth.

**Effect of Mercury on the Blood of Syphilitics.**—Bieganski (*Archiv für Dermatologie und Syphilis*), from a research upon the alteration of the blood incident to syphilitic infection, concludes that the syphilitic poison has no effect in altering the number of blood-corpuscles ; that it increases the number of white blood-corpuscles, particularly the small mononuclear lymphocytes. At the same time the number of the polynuclear white blood-corpuscles diminishes. The hæmoglobin of the blood is distinctly lessened. On the ad-

ministration of mercury, the blood count is subject to marked changes. These, however, are dependent upon the greater or lesser thickness of the blood, and are not due to any change or alteration in the nourishment of the patient. Mercury lessens the number of white-corpuscles, and renders the relation between the white and red almost normal. It is particularly the mononuclear white corpuscles which are diminished in number, the polynuclear cells again becoming more numerous. The quantity of hæmoglobin is distinctly increased by the administration of mercury. O-D.

### Excerpts from Russian and Polish Literature.

**Carbolic Enemata in Dysentery.**—In the *Vratch*, No. 22, 1892, p. 548, Dr. Ivan S. Kildueshevsky, of Bendery, in Bessarabia, warmly recommends the treatment of dysentery by rectal injections of a weak solution of carbolic acid (about one grain each fl. pound of filtered fountain water). About two fl. pounds of the solution should be injected (by means of Esmarch's apparatus), twice or thrice a day. Of 204 dysenteric patients, treated after the method by the writer in the course of 1888–1891, only five (2.45 per cent.) died, three of them being decrepit old men (retired soldiers). The remaining 199 cases ended in complete recovery, a marked improvement always setting in shortly after the commencement of the injections. Of adjuvants, only a castor-oil or olive-oil emulsion was used (internally). The dietary consisted of milk or beef-tea with bread, a claret *Kisel* (a jelly-like paste), one or two soft boiled eggs and lemon-jelly, while in severe cases the patients were fed with cream-ices, which were tolerated perfectly well. It is instructive to note that previously to the adoption of the method in question the author had been losing about twenty per cent. of his cases of dysentery.

[Cf. his paper on the same subject in the *Russkaja Meditsina*, No. 19, 1889. The carbolic treatment of the disease was also successfully practiced by Dis. Shtchezloff, Kampf (*London Medical Record*, March, 1885, p. 103), and Korytin, (*SAINT LOUIS MEDICAL AND SURGICAL JOURNAL*, January, 1891, p. 47), while Dr. Ossovsky (*ibid.* July, 1889, p. 54), advocated creolin enemata. Dr. Rüdneff, of Warsaw, recently published

(*Ujazdowsky Military Hospital Reports for 1891, Vol. II*), forty-five cases of dysentery which he had treated with rectal injections of a 1 to 6,000 solution of corrosive sublimate. The enemata were made twice daily, six ounces of the fluid being administered on each occasion. Two patients succumbed, while the remaining forty-three cases (including twenty-eight of a severe form) recovered. As a rule, after from two to four injections all abdominal pain subsided, the temperature sank to the normal, and the appetite and sleep improved. In thirty cases the bloody stools disappeared on the second day of the treatment; in ten on the third; in two on the fourth; and in one on the fifth. No toxic effects from the mercurial salt were ever observed. The patients were always given large doses of strong claret—either pure or with tea or coffee. At the outset—just after his admission to the hospital, the patient received ten grains of calomel and an hour later one-half ounce of castor-oil.—*Reporter.*]

**Another Case of Syphilitic Reinfection.**—In the *Gazeta Lekarska*, No. 24, 1892, p. 532, Dr. Romuald A. Gorski, of Lipovetz, narrates the following very interesting case. In 1880, the writer being a student of the Kier University at the time—a pupil of the same school was admitted to Professor Mering's clinic on account of syphilitic roseola over the chest and abdomen, accompanied by enlargement of the cervical and inguinal glands. The patient stated that he had had coition with a prostitute six weeks' previously, and that on the next day he had noticed an erosion on the foreskin, which had rapidly transformed into a hard ulcer. The latter had healed under iodoform, while about five weeks after the coition the rash had come out. The gentleman was treated with eighteen inunctions of gray mercurial salve (two grammes at a sitting), and in four weeks was discharged apparently cured, the only traces left being slight induration on the prepuce, and some enlargement of the lymphatic glands. In the course of time even those remnants disappeared tracelessly. Eleven years later (in July, 1891)—during which period he had remained perfectly well and sound without undergoing any treatment whatever—he sought Dr. Gorski's advice for several ulcers in the retro-glandular groove, which had developed in two days after a coition, and one of which proved to be nothing else than a characteristic hard chancre, the others being soft ones.

About the fifth week (after the sexual intercourse) there supervened abundant syphilitic roseola over the chest, abdomen and forearms, angina and universal enlargement of lymphatic glands. Under the influence of twenty mercurial frictions, in four weeks the manifestations subsided. Notwithstanding a consecutive use of iodide of potassium, a month later he returned with recidival roseola over the body. Protoiodide of mercury having been prescribed internally, the rash vanished in a fortnight. In a few months, however, it recurred, to disappear once more after another course of the pills.

The author emphasizes that 1°. His case furnishes an additional fully reliable evidence in favor of the possibility of syphilitic reinfection—which possibility is still denied by many practitioners; and 2°. That in his patient the second attack was much more severe than the first. In other words, the patient's susceptibility towards the syphilitic virus was not in the least mitigated by his having once had syphilis.

[As far as we are aware, this is the seventh instance of syphilitic reinfection, published by Russian and Polish observers during the last four years. (*Cf.* the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, December, 1891, p. 367; and June, 1892, p. 373. A very curious case of the kind has been lately communicated by Dr. W. Milligan (*vide* the *Journal of Laryngology, Rhinology, and Otology*, May, 1892, p. 205), the first hard chancre being situated upon the patient's right forefinger, and the second in the right nostril.—*Reporter*].

**Bilberry in Gonorrhœa and Anginas.**—At a recent meeting of the St. Petersburg Naval Medical Society, Dr. Pavel A. Bürtzoff read (*Meditzinskia Pribavlenia K' Morskomu Sborniku*, June, 1892, p. 413) a paper on the therapeutic uses of the common bilberry (*Vaccinium Myrtillus*, *Baccae Myrtilli*)—an old popular remedy which has been lately reintroduced into scientific medicine by Professor Winternitz, of Vienna, and Dr. Fidelmann (*vide* the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, December, 1891, p. 366). The author tried the berries in forty-five cases of acute gonorrhœa and in fifty of catarrhal and follicular anginas. An aqueous infusion was invariably employed, which was prepared after the following simple method: Commercial dried bilberries were carefully washed out, then thrown into boiling water (in the

proportion of 1 to 3) and thoroughly crushed therein, after which the fluid was strained through a piece of linen. Of the forty-five cases of gonorrhœa treated by the bilberry injections (several times daily), six were cured in nine days; three in fifteen; ten in twenty; eight in twenty-four; eleven in thirty. Of the remaining seven cases, in three chronic urethritis developed in spite of the treatment, while four were still under care at the time of the communication. Of the thirty-eight cured patients, two subsequently returned with chronic gonorrhœa, but in thirty-six cure proved to be permanent. The injections never caused any pain or irritation; on the contrary, they usually rapidly relieved smarting pain on micturition. Of fifty cases of sore throat, treated with the bilberry gargle, seven were cured in one day; twelve in two; fourteen in three; twelve in four; and five in six. Dr. Bürtzef's general conclusion is to the effect that the bilberry infusion actually affords a valuable remedy, which can be resorted to as a reliable and cheap substitute for chlorate of potassium, tannin, manganates, zinc salts, and such like drugs.

**Subcutaneous Administration of Digitalis in Cardiac Disease.**—In a preliminary note in the *Meditsinskoe Obozrenie*, No. 10, 1892, p. 922, Dr. Mikhaïl K. Zenetz, of Professor I. I. Stolnikoff's clinic, in Warsaw, states that, according to his experiments, in cases of cardiac affections with disturbed compensation, a hypodermic administration of digitalis should be preferred to an internal one. He conducted his observations on a series of patients, some of whom were suffering from advanced mitral stenosis, some from mitral insufficiency with stenosis, others from aortic regurgitation with stenosis, endocarditis, etc. The following formula was invariably used:

℞ Infus. foliorum digitalis  
ex 0.3 parati 10 grammes.

D. S. To inject one gramme twice or thrice a day.

It was found that even in such cases in which an internal administration of infusion of digitalis had failed to restore broken cardiac compensation, a subcutaneous injection of much smaller doses of the remedy was followed by extremely beneficial effects. The author's explanation of the facts may be condensed thus:



1°. In cases of ruptured cardiac compensation—even where the failure is relatively inconsiderable—the gastro-intestinal mucous membrane is in a catarrhal and oedematous condition. Hence the absorption of digitalis (or any drug) given through the mouth is inevitably retarded and generally interfered with.

2°. Moreover, when the remedy is administered internally, the development of its physiological effects is retarded by the liver and the diseased heart itself.

3°. When introduced under the skin, the remedy penetrates directly into the circulation and is carried on straightforward to the heart.

**Subcutaneous Transfusion of Saline Solution in Acute Anæmia.**—Dr. Stanislaw Huzarski, of Warsaw, records (*Przegląd Lekarski*, No. 24, 1892, p. 302), two instructive cases of formidable *postpartum* flooding with consecutive most alarming acute anæmia, where he successfully resorted to a hypodermic injection of 900 or 1000 cub. centimeters of a tepid (37°C.), 0.6 per cent. solution of kitchen salt. In one of the cases the woman rallied after a single transfusion, while in the other patient two injections were necessary to attain the desired effect. The solution was introduced into the interscapular and gluteal regions, strict antiseptic precautions being observed. No untoward accessory manifestations could be noticed. While recommending the simple method of transfusion, the author emphasizes that the means should be adopted sufficiently early, since otherwise the collapsed patient's tissues and circulation will fail to absorb the necessary amount of the restorative fluid. In badly-nourished and weak-hearted persons the subcutaneous transfusion is thought to be of a "doubtful value."

VALERIUS IDELSON, M. D.

Berne, Switzerland.

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The Board of Education of Boston, has appointed a corps of experienced physicians to examine the physical condition of all graduates of the Normal College, who apply for positions as teachers in the public schools. The uniform fee for such examinations has been fixed at \$3.00.

## Medical Progress.

### THERAPEUTICS.

**Lemon Tonic (Charity Hospital).—**The following is the formula according to the *Medical and Surgical Reporter* :

℞ Cinchonine sulphate.  
Citric acid.....ss  
Tinct. chlor. iron.....mxxx  
Syrup.....℥ss  
Water .....q. s. ad. ℥iv

M.

Dose—A teaspoonful.

**The Chromicize Catgut.**—Place catgut in ether for forty-eight hours (*Prescription*) ; then immerse in the following for forty-eight hours and put in antiseptic, dry, tightly-closed vessels :

℞ Acidi chromic.....gr. j  
Acidi carbolic.....gr. cc  
Alcohol.....℥ij  
Aq. destillat.....℥xxij

M.

Soak in carbolic, 1-20, before using.

The catgut is usually prepared by soaking it in oil of juniper for one week, then storing it in absolute alcohol, or a 1-1000 alcoholic sublimate solution.

**Strontium Lactate in Tænia.**—According to the *Med. Standard*, Laborde (*Journal de Méd. de Paris*) has had excellent results in tænia with the usual dietary care from the following :

℞ Strontii Lact. (Paraf-Javal).....℥j  
Aquæ.....℥ viij  
Glycerini .....q. s.

M. S.—Two teaspoonfuls every morning for five days.

This is practically the same strength as the standard solutions of

Stront: Lact. (Paraf-Javal) used so largely in albuminuria.

**Dyspnœa of Heart Disease.**—Little, in the *Birmingham Medical Review*, states that he has employed for many years, the following solution in the hypodermic treatment of the dyspnœa of cardiac disease, (*Ex. :*)

R Sulphate of morphine.....gr. iv  
Hydrate of chloral.....gr. ii  
Atropine sulphate.....gr.  $\frac{1}{16}$   
Camphor water.....q. s. ad.  $\mathfrak{z}_{ss}$

M.

Sig. Fifteen minims at a dose.

The chloral is added merely to make the solution keep. It renders the injection slightly painful, and may be left out if the liquid is to be used within two or three weeks of the time that it is prepared.

**Lysol.**—Cadéa and Guinard (*Province Méd.*), have made a series of experiments on lysol, from which they draw the following conclusions: Lysol is superior as a microbicide to carbolic acid, creolin, cresyl, and other analogous products; it has not, however, any advantages over the antiseptics of established reputation. It is only really efficacious when used in solutions, which may be caustic and irritating. Although not destined to play a great part in surgery, it may often be useful in the prophylaxis and arrest of epidemics and epizootics. It is likely to be particularly serviceable in the disinfection of premises, privies, railway carriages, ships, wharves, stables and cow houses. It is readily soluble, sufficiently active and very cheap.

**Digitalis in Acute Pneumonia.**—Hoeffel (*Therap. Monatsch.*), relates fifteen cases of acute pneumonia mostly severe in character, but with only one death, which were treated by rather large doses of the infusion of digitalis. No toxic effects were produced by the drug, but in three patients vomiting occurred. This vomiting was arrested in one case by the addition of strong coffee. The temperature was reduced, the dyspnœa and pain lessened, and the duration of the disease shortened. In eight cases the termination took place by lysis. The author thinks that the working power of the heart is thus increased, and that disturbance in the pulmonary circulation is prevented.

**The Action of the Cantharidines.**—Liebreich (*Tehrap. Monatsh.*, June, 1892) replies to some of the criticisms upon the use of these salts. The chief points to be decided are: 1° Whether these agents have any action on the diseased, particularly tuberculous, tissue, and if so 2°. Whether this effect is obtained before any disturbance is produced in other organs, such as the kidneys. The author says that the drug gives rise to an increased exudation from the capillaries, and hence its beneficial action, but that there is no hyperæmia. In his cases of lupus, a steady decrease in the disease has been noted, but much time may be needed. It is impossible for changes lasting for years to be cured by a few injections. The author sets off this lengthened treatment against the relapses seen after scraping, etc. If the kidneys be healthy, these salts may be used in doses of one-quarter to two decimilligrammes without injury. If the kidneys are diseased, the treatment should not be adopted. Advanced tuberculosis should only be treated with the greatest caution, for the author says that the kidneys are often affected with lardaceous disease. Improvement has been recorded in other than tuberculous processes, namely, in chronic laryngitis, etc. Any local application of the cantharidines is not rational, for they thus only produce irritation. Liebreich says that in hundreds of injections made by him, there has been no more danger to the patient than from the use of mercury or arsenic.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Parasitic Fœtus.**—Leon (*Archives de Tocolgie*), reports a curious case of double monster of the parasitic variety. The patient, a girl three years of age, was the daughter of native Mexican parents. She exhibited on the left gluteal region some well-marked portions of a foetal face. These were the upper and lower eyelids of the left eye with eyelashes and eyebrows, an upper lip which perfectly covered a part of a rudimentary upper jaw furnished with three or four well-developed incisor teeth, and a small buccal cavity with a rudimentary tongue and some fluid secretion. When the eyelids were separated a red surface analogous to the conjunctiva was exposed. Near to the groove between the buttocks was a row of silky hairs, and quite close to the base of implantation of the upper lip was a small superficial opening. In the inferior

part of the cyst the presence of fluid was detected, and on the surface of the parts were seen some mamillary projections.

**The Muroid Degeneration of Cancer Cells.**—This has been studied by Kosinski (*Centralbl. f. allgem. Patholog.*), in a case of gastric carcinoma. The growth was hardened, and sections obtained from it were stained with safranin and anilin blue, and with toluidin blue. The former (double stain) is particularly recommended: the safranin stains the degenerated, the anilin blue the healthy part of the tissue. It is found that degenerate cancer cells do not acquire the natural tint of safranin or toluidin blue when stained by these reagents; with the former an orange stain (instead of red), with the latter violet (instead of blue) results. This fact is an argument in favor of the muroid nature of the degeneration, since similar modifications of tint result when undoubted muroid tissue is treated with the stains mentioned. The cells exhibit the degeneration in different degrees; the whole of a cell may be involved, or the cell substance without the nucleus or parts of the cell substance only. Lastly, the nucleus alone may be affected. The patch of degeneration has often a spheroidal shape, and in the centre of the spheroid leucocytes may sometimes be seen, the rôle of which is at present unknown.

**Reflex Iridoplegia in General Paralysis.**—Redlich (*Neurologisches Centralblatt*) has investigated the iridal contractility to light in general paralysis of the insane, with special reference to the consensual reaction. In all the cases examined by him he found that if each iris reacted to direct light stimulation the consensual activity was intact in each eye, but if neither iris responded to the incidence of light upon its retina there was complete absence of consensual motility in both irides. In all cases presenting loss of direct light reflex in one eye only, illumination of that one eye caused consensual action in the opposite iris; on the other hand, no papillary change in the iridoplegic eye resulted from exposure to light of the sound eye. He concludes that these phenomena can only be explained by a partial decussation of the light reflex fibres of the optic nerves, the crossing taking place in such a manner that from each optic nerve fibres proceed to the right and left oculo-motor nuclei. This

decussation must be situated peripherally to the lesion which causes abolition of the light reflex; probably it takes place in the chiasma or posterior commissure.

**Diagnosis between Typhoid Bacilli and other Bacilli found in the Colon.**—Theobald Smith (*Centralbl. f. Bakt.*), states that the fermentation experiment, by which this diagnosis can be made, was employed by him in 1889; lately it has been performed by Chantemesse and Vidal. He briefly describes his method which he regards as a certain one from a diagnostic standpoint. It is as follows: Grape sugar in the proportion of two per cent. is added to equal quantities of peptone broth, contained in two glass vessels. After sterilisation the broth is inoculated, that in the first vessel with typhoid bacillus, that in the second with *b. coli*. In the first vessel the medium becomes turbid throughout within twenty-four hours, in a few days the bacilli are deposited and the fluid becomes clear. Not a trace of gas is observed. In the second vessel turbidity is noticed after twenty-four hours, and about one-third of the vessel is found to be occupied by gas. At the end of three or four days fermentation is complete and the medium becomes clear. It is now found that about one-half the quantity of fluid has been replaced by gas; this is composed of one volume of carbonic acid and two volumes of an explosive gas (? hydrogen). Saccharose or lactose may be employed in place of glucose; in presence of these also no gas is formed by typhoid bacilli, whilst colon bacilli set free gas readily in lactose broth, slowly and in small quantity in saccharose broth.

#### DISEASES OF WOMEN AND CHILDREN.

**Influence of Macerated Fœtus on Childbed.**—Swiecicki (*Nouv. Arch. d'Obstét. et de Gynéc.*), finds that in 247 cases of macerated fœtus, childbed was perfectly normal in 157, even when fœtid gases and stinking liquor amnii were expelled from the uterus. In seventeen cases inflamed breast occurred without suppuration; in seven *post-partum* hæmorrhage with rise of temperature; and in seven temporary œdema of the vulva. In fifty-two cases there was rise of temperature during the puerperium without appreciable cause; it appears that syphilitic women are subject to such rises in childbed. This must be due, Swiecicki thinks, to external infection; the

macerated foetus cannot infect until air has entered the uterus. In six cases slight parametritis occurred. Only one of the whole 247 died, and in this instance pleuro-pneumonia and nephritis existed before labor. Labor usually takes place about the seventh month, but neither the maceration of the foetus nor its extraction at delivery appears to have any distinctly bad influence on childbed.

“Show” or Vaginal Hæmorrhage in Newborn Children.—Eröss, of Buda-Pesh (*Centralbl. f. Gynæk.*) observed, within two years, six cases of hæmorrhage from the genitals in newborn female children. In two cases the “show” began on the third, and in four on the fourth day. In two cases it lasted two days; in three, four days; and in one, five days. One case died. The infant was premature, and sank, it seemed, from pure debility. The endometrium was dark colored and loosened from its connections. On its surface were two hæmorrhagic foci, of the size of lentils. The serous coat was very vascular at the fundus. The cervical mucosa was pale, the vaginal mucous membrane swollen and deeply injected. Clots, mixed with mucus, lay in the vagina and uterine cavity. Eröss attributed the hæmorrhage to acute catarrh of the mucous membrane of the genital tract. All the five children were born well developed and there was in no case any history of septicæmia, syphilis, hæmophilia, or Winckel’s disease. As the five survivors were discharged on the eighth day, there was no opportunity of judging if the “show” represented menstruation.

Retained Placenta: Effects of Atmospheric Pressure.—Cavilan, of Durango, Mexico (*Arch. de Tocol. et de Gynéc.*), attributes retention of the placenta to atmospheric pressure. His father, in the course of a large practice, only met with one case in thirty-five years of true adherent placenta. He maintains that all the morbid conditions which might cause adhesions, such as uterine inflammation and placental apoplexy, produce abortion before any firm adhesions could be established. The common so-called “adherent placenta” represents an effect of atmospheric pressure. The central part of the placenta is first detached, and thus between the uterus and the maternal aspect of the placenta a vacuum is formed, the placenta being in the mechanical condition of a

cupping-glass. Its edges are firmly pressed against the uterus. Pulling on the cord simply encourages the development of the vacuum. Abuse of ergot does the same kind of harm. Credé's method of expression prevents or overcomes the vacuum. When the placenta is distinctly "adherent," the vacuum must be destroyed. Cavilan acts in the following manner. The midwife or assistant pulls the cord firmly, the obstetrician steadies the fundus with the left hand and perforates the placenta, close to the cord, with the right fore and middle finger. As the uterine tissues are far tougher than the placental tissues there is no fear of perforating the uterus with the fingers. The air then enters the vacuum and the placenta can easily be detached. The strongest antiseptic precautions are necessary during this manœuvre.

**Catheterism of the Fallopian Tube.**—Boursier (*Archives Clin. de Bordeaux*) succeeded in catheterising the left tube in a case where the patient, a 2-para, aged thirty-one, was under treatment for endometritis. She had been delivered, normally, about four months previously, and Boursier had applied sulphate of copper points to the uterine cavity. In the act of passing the sound he found that without the least force, violence, or pain its point slipped upwards and to the left for over four and a-half inches. Six days later it could be passed five and two-fifths inches, in the same direction. When the sound was carefully directed upwards the uterus being steadied so that the fundus was touched in the middle line, the uterine cavity was found to measure a little over two and a-half inches. The sound could not be passed into the right tube. About a month later, when the sound was passed to the left, as before, its point was felt under the abdominal wall three inches to the left and below the umbilicus. The least attempt to move the point of the sound to the middle line caused severe pain, and the instrument was evidently held by some resisting structure. The patient was thin, and hence the appendages could plainly be distinguished in place before the sound was introduced. After its introduction in the manner just described the left appendages could no more be detected in the pelvis, though the right were clearly in their natural position. In fact the appendages were drawn upwards by the sound. When the patient was last seen, within three months and a-half after the



the first introduction of the sound into the left tube, it was found that that manœuvre was no longer possible.

#### SURGERY.

**Radical Cure of Congenital Fistula of the Neck.**—Chalot (*Rev. de Chir.*) reports the following case: A lad, aged seventeen, had a congenital fistula of the neck on the right side, the external orifice being situated two and one-half centimetres above the right sterno-clavicular articulation. Purulent fluid escaped from the orifice, and a probe could be passed in for eleven centimetres without reaching the cavity of the pharynx. By injecting a colored fluid into the external orifice the internal opening was discovered just in front of the posterior pillar of the fauces, upon the surface of the tonsil. Chalot operated as follows: 1°. The margins of the internal orifice were removed and the opening closed by sutures. 2°. The lower part of the fistulous canal was exposed and removed as high as the place where it came into relation with the carotid. 3°. The part of the canal near the carotid was thoroughly scraped, so that the walls might adhere together. 4°. Closure of the cervical wound, except at one point near the hyoid bone, which was left open to allow drainage. Primary union of the wound followed and a complete cure resulted, the patient being again seen several months afterwards, when no sign of the fistula was visible.

**Methyl Violet in Malignant Tumors.**—At the recent Surgical Congress in Paris, Nanu, of Bucharest (*Rev. de Chir.*) presented a communication in which he stated that Professor Severame had tried Mosetig von Moorhof's method of injections of methyl violet in twenty-five cases of malignant tumor. In all these cases the diagnosis was verified in Professor Babes' laboratory. They included cases of ulcerated tumors of the mucous membrane of the mouth, the cheek, the eyelids, the parotid gland, and several of cancer of the uterus. A one per cent. watery solution was employed, from 2.50 to 12 g. of this solution being injected every day into the diseased tissue. No untoward effect was observed. Ten of the cases were cured; the rest were improved. In cases in which the disease had attacked the bones of the face, the method failed, and the knife had to be used. On several occasions it could be seen that the injection brought about a necrobiosis of the elements most deeply stained. Control

experiments with distilled water always gave negative results. As regards the mechanism of the method, Nanu thinks the methyl violet acts by thrombosis. The healthy tissues are respected, and necrobiosis is produced only in the diseased parts. On the other hand, Ortiz de la Torre (*Rev. de Med. y Cirugia Pract.*) has tried interstitial injections of methyl violet in several cases of malignant tumor. In a case of epithelioma of very chronic course, the discharge was at first diminished, but within a few days of the commencement of the treatment, the ulcer spread to twice its former size. In a case of cancrroid of the nostril which had lasted twelve years, the injections caused violent local inflammation; this, however, had no effect whatever on the disease, and after a week the treatment was given up. In a case of cancer of the face, and in another of malignant disease of the shoulder, the injections were equally useless, and Ortiz de la Torre thinks methyl violet may be discarded "as one of so many remedies which fill druggists' shops without any advantage to medicine."

**Treatment of Appendicitis.**—At a meeting of the Paris Surgical Society on May 25, 1892, (*Sem. Mtd.*), Jalaguier showed two cases of appendicitis which had been cured by operation. The first was a strong boy, aged fourteen and one-half, who had had the vermiform appendix removed on account of recurrent attacks of appendicitis. The second was a child, aged ten and one-half, who, after two previous slight attacks of appendicitis, was admitted on March 24, 1892, to the Hospital Trousseau, presenting the following symptoms, namely, abdomen very tender, especially in the left iliac fossa, considerable distension, frequent vomiting, and pinched expression of the face. The temperature was 38.5° C., the pulse 120. A median laparotomy was at once done, and the peritoneal cavity opened. The intestines were seen to be covered with a layer of fibrous lymph, and to be bathed in pus. Collections of pus were also found in the iliac fossa, in the pelvis, and between the omentum and coils of intestine. A considerable collection of pus was also found behind the cæcum; the pus in this part had a foetid odor, and on washing out the cæcal region a ball of fæces as large as a pea and of the consistence of mastick was removed. The abdomen was then thoroughly washed out with boric solution, and five

large tubes inserted for drainage; two were placed in the pelvis, two behind the cæcum, and one in the left iliac fossa. Several strips of salol gauze were also packed over the intestinal coils. The upper three-fourths of the wound were closed with sutures, and a dressing of salol gauze applied. The child bore the operation, which lasted twenty minutes, well; vomiting did not occur, and the bowels were open during the night. Recovery soon took place; the strips of gauze were removed on the sixth day, the drainage tubes reduced to one on the tenth day and discontinued on the fifteenth day. On May 14 the child was discharged well.

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### Book Reviews.

#### **Proceedings of the Philadelphia County Medical Society.**

Sessions of 1891. T. B. SCHNEIDEMAN, M. D., Editor.

Vol. XII. 8vo. pp. 459. [Philadelphia: Printed for the Society. 1891.]

Of this volume of proceedings, we can say naught but words of praise. The papers are all good and written, for the most part, by physicians who have earned national reputations for themselves. Many of the essays enclosed within the pages of the proceedings are finished studies and those more clinical in character are certainly models of their kind. The JOURNAL has had occasion, during the past year to publish several of them.

The mechanical execution is most excellent, the volume presenting a handsome appearance. The type is large and the paper good; and, altogether, it is a good example of Dornan's work who is without doubt the *facile princeps* in this country as a printer of Medical Society Transactions.

#### **Transactions of the Southern Surgical and Gynecological Association. Vol. IV. Fourth Session held at Richmond, Virginia, November 10, 11, and 12, 1891. 8vo. pp. 376. [Published by the Association. 1892.]**

This volume, like its predecessors is a handsome example of the art preservative. The Association which issues these annual transactions is one of the strongest in the country

and it has proven, by the large amount of good work done at each one of its sessions, that its members are earnest, hard workers. It embraces within its list of members nearly all the prominent surgeons and gynecologists of the South, and a goodly number of the best who are located in the North. It has a membership of nearly one hundred and twenty-five and its sessions are such a success for the simple reason that almost the entire time is devoted to the reading and discussion of papers. Dr. W. E. B. Davis, of Rome, Ga., who has been the secretary of this Association ever since its inception is an indefatigable worker, and to him is due almost all the credit for the successful manner in which the proceedings are given, as well as for a great share of the prosperity of the Association.

**Diseases of the Nervous System.** By JEROME K. BAUDUY, M. D., LL. D. Second Edition. 8vo. pp. 352. [Philadelphia: J. B. Lippincott Co., 1892. Price, \$3.00.]

We have been expecting a second edition of Dr. Bauduy's work for some time and we are pleased to state that he has finally decided to re-write his excellent book in a more enlarged form. The present volume is the first one; the second will deal with the diseases of the cord and nerves. In the present volume the diseases of the brain and insanity are fully considered in a masterly manner, a result which was certainly to be expected when we consider that the author is not only well-known as a recognized authority on his subject, but has been a brilliant teacher for quite a number of years.

Whilst that portion devoted to insanity is full of valuable material both from a clinical and medico-legal point of view; the reader who is not especially interested in alienation, will scarcely appreciate it as fully as he will the chapters on the circulation of the brain, cerebral hyperæmia, and cerebral anæmia. In these we are presented with an elucidation of certain conditions of the highest importance to the practitioner of medicine. Moreover, the diagnosis and treatment of these conditions are dwelt upon at length and in such a manner as to recommend a second reading.

Of course, the other cerebral conditions met with are also the subjects of full consideration at the hands of Prof. Bauduy and he is very dispassionate in his conclusions. He does not grow enthusiastic over innovations, preferring to suspend

judgment until some sure and definite conclusion is reached.

We are certain that this work will meet with a large sale, and we are pleased to note that the author is a physician who has identified himself with St. Louis.

**Diseases of Women.** A Manual of Non-Surgical Gynecology designed especially for the use of Students and General Practitioners. By F. H. DAVENPORT, A. B., M. D. Second Edition. Revised and Enlarged, with numerous illustrations. 8vo. pp. 323. [Philadelphia: Lea Brothers & Co. 1892.]

Somewhat less than three years ago the first edition of this manual made its appearance. The author then, as now, disclaimed any intention of writing a work on gynecology, but had in mind the filling up of a gap which he had observed existed. This was a more systematic elaboration of the elementary principles involved in gynecological examinations, the methods of treatment of the simpler forms of pelvic disease, etc. He was qualified for this work in view of the fact that he was a clinical assistant to a chair of gynecology and as might be expected a useful hand-book was the result of his determination to write one.

In the present edition, sponge tents have received but a short mention in view of the fact that instrumental dilatation of the os uteri is almost exclusively practiced. Diseases of the tubes have received more attention in view of the importance they have recently assumed; and pelvic peritonitis and pelvic cellulitis have been thoroughly re-written. In fact, the present edition is practically a new book in which that which has been found the best and most reliable is given and the less important or valuable portions have been judiciously omitted.

The book is handsomely illustrated and gotten up in the Lea's usual irreproachable style.

**The Diagnosis of Diseases of the Nervous System.** A Manual for Students and Practitioners. By CHRISTIAN A. HERTER, M. D. 12mo. pp. 628. [New York and London: G. P. Putnam's Sons. 1892.]

There is perhaps no class of diseases which requires more judgment, or keener powers of observation than those which affect the nervous system. The brain and cord, as well as the

nerves derived therefrom present protean shades of distinctive symptoms when any one or several are affected by any morbid process. Without a thorough appreciation of the significance and comparative importance of each one, a successful system of therapeutic measures cannot be instituted. Let a diagnosis be once firmly established, beyond the peradventure of a doubt, and a rational system of treatment may be inaugurated where success or failure will necessarily depend upon the condition of adequacy.

In the little work before us the author has endeavored to present us with an analytical consideration of the clinical symptoms observed in nervous diseases, together with their ætiological import in given examples. He is very full in his descriptions of terms and what they signify. A very important part is that which deals with the proper method of examining a patient. Full and explicit directions are given in this respect. So far as a consideration of the structure and functions of the nervous system are considered, only so much is given as is of value in the formation of a diagnosis.

Not the least valuable chapter is that containing illustrations of diagnosis made upon actual cases. In this manner, the author summarizes much of that which precedes and is also thus enabled to illustrate more fully his methods of arriving at a conclusion.

The book is well printed upon strong paper and should meet with a ready sale, as it is a valuable supplementary aid to a proper understanding of the larger treatises on nervous and mental diseases.

**The Science and Art of Midwifery.** By WILLIAM THOMPSON LUSK, A. M., M. D. New Edition. Revised and Enlarged, with numerous illustrations. 8vo. pp. 761. [New York: D. Appleton and Company. 1892. Price, \$5.00.]

There is perhaps no single branch of medicine which is of more importance than midwifery. The accoucheur must always be ready for any emergency which may arise and in addition, be prepared to correct the mistakes made by well-meaning, but ignorant and meddling friends or midwives. In many cases the nearest available assistance is located so far from the scene of action, that it cannot be procured in time. Such a state of affairs necessitates rapid judgment, prompt action and intelligence. For these and numerous

other reasons, the practitioner cannot study his book on obstetrics too much nor too often, and the better his authority, the more capable he will become of mastering the subject. He will be made self-reliant and will hesitate to perform a craniotomy with a pen-knife, where the proper application of the forceps would serve a better purpose with less danger to both mother and child.

Lusk's *Obstetrics* has been long and favorably known as a reliable and comprehensive treatise on the subject. We are pleased to note that a new edition has appeared for many changes have occurred since the appearance of the last, not only in so far as purely theoretical considerations are concerned, but in reference to the more practical points, and especially in obstetrical surgery. The third edition appeared in 1885, and now we have the fourth presented to us. Time sufficient has elapsed to enable the author to lay down rules, supported by fact, respecting antiseptic obstetrics. The management of the diseases of child-bed, like puerperal fever, has undergone radical changes for the better. In fact, the present edition had to be entirely re-written in order to be up to the times.

The author has done his work well and has presented us with a valuable treatise. We are certain that his old admirers, and they are numerous, will avail themselves of getting the last edition of their favorite author. That he will gain many new readers we are certain as we also are that they will never regret having read the fruits of his latest thoughts and labors.

The publishers have put up this work in their usual neat and handsome style.

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Dr. L. P. Kennedy, formerly connected with the *Atlanta Medical and Surgical Journal*, recently died at the early age of thirty-two. He was highly regarded at Atlanta, the home of his adoption, as well as in South Carolina.

The Cincinnati Hospital Library has been formally inaugurated. It contains 7,363 bound volumes of which 4,225 are bound periodical volumes. The current journals which are kept on hand, number 151. This is certainly a good showing for a hospital.

### Literary Notes.

**The Charlotte Medical Journal** has just made its bow. It is an octavo neatly printed and published and edited every month, at Charlotte, N. C., by Drs. Register and Montgomery.

**The Journal of Orificial Surgery** is a new octavo, monthly, whose title is self-explanatory. The editors and publishers are Drs. E. H. Pratt, Francis D. Holbrook, and Emmet L. Smith, all of Chicago, and all homœopaths.

**The Journal of Medical Philosophy and Practice** is a monthly which has recently appeared in Philadelphia. Dr. P. McCahey is the editor and proprietor and he will endeavor to show the effects of atmospheric air upon the mental and physical welfare of mankind.

**Asepsis and Antisepsis** is the title of a brochure issued by Johnson and Johnson, of New York. It is an illustrated reply to Drs. Lister and Gerster, and is well worthy of a careful perusal. It will be sent free, post-paid, to any physician making application for it.

**Maltine** is the title of a 142 page brochure, issued by the Maltine Manufacturing Co., of New York. It deals with the various preparations of Maltine made by this firm and is profusely illustrated with a number of photo-engravings, showing various departments of the extensive plant of the firm.

A Souvenir of the late meeting of the American Medical Association was given to each member by Messrs. Parke, Davis & Co., of Detroit. This was an elegant brochure, containing an interesting account of the advances made in the art of elegant pharmacy, profusely illustrated by a number of photo-engravings depicting the various departments of the immense laboratory and factories as well as the printing and business departments of the firm. We are sure that every recipient of this handsome publication will preserve it as a souvenir of a pleasant visit to Detroit, and of the magnifi-



cent treatment received at the hands of Messrs. Parke, Davis & Co.

The Harvard Medical School Association has issued a catalogue and list of its members. This pamphlet is indeed a royal one, being printed upon heavy paper with wide margins and in clear, legible type. We find that St. Louis has six and Kansas City one of the numerous medical alumni of this famous school. All members are requested to report any errors or omissions in the catalogue which may be discovered by them.

The *Electro-Therapeutics of Gynæcology* is one of the best of the issues of the Physician's Leisure Library for this year. It is embraced in two small volumes published by George S. Davis, of Detroit, at the exceedingly low price of 25 cents per volume. The name of the author is a sufficient guarantee of its value as a medical work. Dr. Augustin H. Goelet has devoted much time and attention to the subjects on which he writes, and the result is a thorough and reliable guide. The first volume deals with electro-physics and electro-physiology wherein are clearly explained the principles which should guide the expert in gynecological electricity. In the second volume the author deals with electro-therapy more especially in connection with the diseases of women. The work is profusely illustrated throughout, a feature which cannot but prove of the highest value to the reader.

*Uses of Water in Modern Medicine*, as we stated in a former issue, is in two volumes. We have received the second volume of Dr. Simon Baruch's little work in which he gives the more practical portion of his subject. Beginning with the technique of hydrotherapy, including the various baths, the wet pack, as well as graduated baths, the douche, sitz bath, and auxiliary methods. Following this we have a very clear and intelligible exposition of the special methods of applying hydrotherapy in the various diseases in which it is indicated, including those special modes which have been advocated by different authors. The author is not a hydropath by any means, but he has clearly shown the advantages of a system which has not received that attention at the hands of the profession, which it deserves. This volume is a number

of the Physician's Leisure Library, published by George S. Davis, of Detroit, at the uniform price of 25 cents per number.

Cerebral Meningitis is a subject of more than passing interest. Its history, diagnosis, prognosis, and treatment are considered in one of the late numbers of the Physician's Leisure Library, published by Geo. S. Davis, of Detroit, (price 25 cents). The author, Dr. Martin W. Barr, has had a large experience which he has very acceptably condensed in the present monograph. He has compressed a very complete study of the subject within the narrow limits of ninety-three pages, but he has admirably succeeded in giving his readers a thorough insight into a condition whose importance is not as much appreciated as it should be. A valuable portion is that devoted to therapeutics. The experience of the author in hospital practice is here manifest and it is well supplemented by his clear descriptions of the signs and symptoms by means of which a diagnosis may be made. This is the more important from the fact that there are so many different forms of cerebral meningitis whose manifestations are of the most varied character. This little work is well worthy of careful perusal if not of earnest study.

The Transactions of the American Dermatological Association for 1891, have just been issued. They are embraced within an 88-page octavo. The discussions on all the papers presented are given, but unfortunately the papers themselves are not printed in full. A certain number are given in abstract, but many are merely mentioned by title, together with a reference to the publications in which they may be found *in extenso*. This small volume is the work of the Secretary, Dr. George Thomas Jackson, who certainly deserves much credit for the showing which he has made. We cannot cavil at the fact that the Association does not print its transactions in full, for there are but thirty-five members and they cannot well afford to incur the expense. An official organ, however, could reprint the entire transactions, including all the papers at a comparatively small cost and a very valuable volume of dermatological literature could thus be placed in the hands of those interested, and they would certainly be willing to buy it, even though not members of the Association. Or, the transactions could be published in serial numbers and

perhaps secure sufficient subscribers to justify their publication in this manner.

**Books Received.**—The following books have been received during the past month and will be reviewed in future issues of the JOURNAL.

Transactions of the American Dermatological Association at its Fifteenth Annual Meeting held at the Shoreham Hotel, Washington, D. C., September 22-25, 1891, in Connection with the Congress of American Physicians and Surgeons. Official Report of the Proceedings, by George Thomas Jackson, M. D., Secretary. 8vo., pp. 88. 1891.

Uses of Water in Modern Medicine, by Simon Baruch, M.D., Vol. II, 12mo., pp. 228. Physician's Leisure Library. [Detroit: Geo. S. Davis, 1892. Price, 25 cents.

Cerebral Meningitis. Its History, Diagnosis, Prognosis, and Treatment, by Martin W. Barr, M. D. 12mo. pp. 93. Physician's Leisure Library. [Detroit: Geo. S. Davis, 1892. Price, 25 cents.

The Diagnosis of Diseases of the Nervous System. A Manual for Students and Practitioners, by Christian A. Hester, M. D. 8vo., pp. 628. [New York and London: G. P. Putnam's Sons, 1892.

The Science and Art of Midwifery, by William Thompson Lusk, A. M., M. D. Large 8vo., pp. 761. New Edition, Revised and Enlarged, with numerous illustrations. [New York: D. Appleton & Company, 1892. Price, \$5.00.

Diseases of the Nervous System, by Jerome K. Bauduy, M. D., LL. D. Vol. I. 8vo., pp. 352. [Philadelphia: J. B. Lippincott Co., 1892. Price, \$3.00.

Diseases of Women. A Manual of Non-Surgical Gynecology designed especially for the Use of Students and General Practitioners, by F. H. Davenport, M. D. Second Edition, revised and enlarged. 12mo., pp. 314, with 107 illustrations. [Philadelphia: Lea Brothers & Co., 1892. Price, \$1.75.

**Pamphlets Received.**—The following pamphlets and reprints have been received during the past month and the senders will please to accept our thanks therefor:

The Operative Treatment of Goitre, by J. Collins Warren, M. D., (Reprinted from the *Boston Med. and Surg. Jour.* of May 5, 1892); Third Annual Announcement of the Kansas

Medical College, Topeka, Kansas, Session 1892-93; Varieties of the Hymen, by E. S. McKee, M. D., (Taken from "Diseases of Women" by A. Martin); Fifty-First Annual Announcement of the St. Louis Medical College, Session 1892-93; The Treatment of Tuberculosis of Bones and Joints by Parenchymatous and Intra-Articular Injections, by Nicholas Senn, M.D., Ph.D. (Reprint from *Annals of Surgery*, January, 1892); Expert Witnesses, by J. T. Eskridge, M. D. (Reprint from *Denver Medical Times*, May, 1891); Two Successful Cases of Conservative Cæsarean Section by Charles Jewett, A.M., M. D. (Reprinted from *Trans. Med. Soc. State, N. Y.*, February, 1892); Traitement de l'Hypertrophie des Amygdales, par le Dr. E. J. Moure (Extrait des Mémoires et Bulletin de la Soc. de Méd. et de Chir. de Bordeaux); Special Bulletin of Medical School and Law School of University of Colorado, 1892-93; Medical Education and Legislation: from the Valedictory Address to the Class of '92, Missouri Medical College, by Geo. J. Engelmann, M. D. (Reprinted from the *Medical Fortnightly*, April 15, 1892); The Effect of Fluids on the Strength of Catgut, by D. Braden Kyle, M.D. (Reprinted from the *Therapeutic Gazette*, May 16, 1892); Hepatic Abscess. Report of a Case with Remarks on the Amœba Coli, by William A. Edwards, M. D., and James Sears Waterman, M. D. (Reprinted from *Pacific Medical Journal*, March, 1892); Medical Society of the State of New York. Report on Capital Punishment. (Reprinted from *Trans. Med. Soc. State, N. Y.*, February, 1892); Protection or Free Trade, by Henry George. (Congressional Record, April 15, 1892); Notes on the Employment of Exalgine, by K. R. Upton; The Teachings of Experience and Rational Therapeutics as to the Treatment of Pneumonia, by Boardman Reed, M.D. (Reprinted from the *Therapeutic Gazette*, March 15 and April 15, 1892); The Second Year's Work in Diseases of the Rectum at the New York Post-Graduate Hospital, by Charles B. Kelsey, M. D. (Reprinted from the *New York Medical Journal*, March 26, 1892); Ideality of Medical Science. The Evil Events of the Profession and an Available Device for its Reformation, by Maurice J. Burstein, A. M., M. D. (From the *Doctor's Weekly*, February 6, 1892); An Appeal to the Medical Profession from the Decision of the Trustees of Columbus Medical College, by N. R. Coleman, M. D. Intestinal Anastomosis and Suturing, by Robert Abbe, M. D.

(Reprinted from the *Medical Record*, April 2, 1892); Cases of Gall-Bladder Surgery, by Robert Abbe, M. D. (Reprinted from the *New York Medical Journal*, January 30, 1892); Obstetrics and Gynecology, by E. S. McKee, M. D. (From the *American Practitioner and News*, December 19, 1891); Remarks of Hon. Jacob H. Gallinger on National Sanitarium for the Treatment of Pulmonary Diseases. (From *Congressional Record*, April 11, 1892); Thirty-Two unselected Abdominal Sections, by Thomas Opie, M. D., (From Trans. South. Surg. and Gyn. Ass., November, 1891); The Etiology, Diagnosis and Treatment of the Prevalent Epidemic of Quackery, by George M. Gould, M. D., (From the *Medical News*, May 7, 1892); Special Announcement of Harvard University Medical School, Four Years' Course; St. John's Hospital of the city of St. Louis, Mo., 1891; Statistique des Operations pratiquées au Mans du 1er Janv. 1891, au 1er Janv. 1892 par le Dr. Henri Delagénère, II. 1891; Diet and Exercise in the Treatment of Simple Chronic Inflammation, by J. C. Mulhall, M. D. (Reprint from the *Medical Record*, December 26, 1891); Report on the Wills Eye Hospital, Philadelphia, for the year ended December 31, 1890.

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### Society Proceedings.

#### INDIANA STATE MEDICAL SOCIETY.

REPORTED BY E. S. MCKEE, M. D., CINCINNATI, O.

The Forty-third annual meeting of the Indiana State Medical Society was held in the Plymouth Church, Indianapolis, May 12 and 13, 1892, Dr. Edwin Walker, of Evansville, presiding. Dr. E. S. Elder, Secretary. The members of the society and visiting physicians were handsomely entertained at the laboratories of Eli Lilly & Co., by the pharmacists. The Pharmaceutical Society were holding their meeting at the same time in Indianapolis. Dr. Joseph Matthews, of Louisville, Dr. E. S. McKee, of Cincinnati, Dr. R. B. Hall, Cincinnati, were among the visiting physicians present. The first paper read was by Dr. Seaton Norman, of Evansville, on the "Prognosis and Treatment of Asthma." He recommended the removal of patients to the mountains or seashore. Colorado he pronounced the best place in the country for asthmatic patients. For those who cannot change location he

recommended cocaine. In some cases brandy affords relief. In the discussion which followed cocaine was strongly condemned. Asthma was pronounced the result of a reflex action, the real seat of trouble being in the nose while it seems to be located in the lungs or bronchial region.

Dr. H. O. Pantzer, of Indianapolis, read a paper of "Malarial Intoxication—Rare Cases." The rare cases and abnormal conditions diagnosed in this paper were of great interest and the discussion brought out the result of microscopical investigation of the cause and germs of malaria.

Dr. Jas. F. Hibberd, of Richmond, discussed "Inflammation—Past and Present," which was a well-considered paper followed by much discussion.

"Etiology of Diphtheria," by Dr. A. L. Wilson, of Indianapolis, was read by Dr. Potter, because Dr. Wilson had taken the diphtheria from the study of its germs in the preparation of his paper and was under treatment at the city hospital.

The address of the President, Dr. Edwin Walker, called attention to a number of facts associated with the forty-three years' existence of the society. Among others that it had accumulated no property of value in that length of time besides its transactions. He strongly recommended the establishment of a library. A small sum from each member would do this—thus the history of medicine from the organization of the society could be had without difficulty. Doctors could donate rare books and before long members would bequeath their library to the society rather than have it auctioned off for a mere pittance after their death. Such a library would have to be established at Indianapolis, the home and meeting place of the State Society, but all members are within a few hours ride of this city, and for a small fee a librarian or some competent person could give an abstract of all articles on a particular subject as is done in the Surgeon General's office at Washington.

In this connection he offered another thought. The society could fit up a bacteriological and pathological laboratory and employ some competent men to make such examinations as are often necessary for a correct diagnosis. Busy practitioners are usually not prepared nor have they necessary practice and skill to make such investigations and competent men for a reasonable fee could make such investigations

as would make us more thorough in our work and better doctors.

Let us work together to encourage the talents we have and build up a complete profession in our state of which not only we, but our colleagues of the whole world will be proud.

Following the address of the president, came an address by Prof. Joseph P. Remington, of Philadelphia, on "Prescriptions and Prescription Writing." A part of the lecture was illustrated, examples of prescription writing being thrown by a calcium light upon a screen. These showed some of the labors of the druggist in saving the populace from errors and mistakes. He said in another year the new pharmacopoeia will be published. This is a law book of the land and it is only through the co-operation of the physician and pharmacist and through their arduous labors that a thoroughly representative work can be secured.

Speaking of prescriptions, he said, "What marvelous possibilities are bound up in that apparently insignificant scrap of paper covered with the mystical characters, which may, on the one hand bring hope and happiness to those waiting at the bedside of the loved one, or which, if improperly interpreted or ignorantly compounded, fill the faithful watchers with grief and horror by inviting an onslaught from the grim monster. The medical profession are more deeply interested in pharmaceutical education than are pharmacutists themselves. Upon the correct and intelligent rendering of their prescriptions rests the reputation, success and honor of the prescriber. Pharmacy must be practiced by educated, honest, faithful men, alive to the needs of the profession. The educated pharmacist is not the superior of the physician, neither is he his inferior, but he is his peer, and side by side they toil in their noble life work."

A strong beginning was made at the meeting of the American Medical Association last year at Washington, toward the founding of a section of materia medica and pharmacy in that body. The position of the pharmacists as fellow-workers was thoroughly recognized by the physicians and they were cordially welcomed. The second meeting of the section will be held in connection with the association at Detroit next month.

Dr. Theodore Potter, of Indianapolis, reported on the progress made by him in Bacteriological Investigation. He said

that enough had been established to warrant the conclusion that the phenomena following infection are chiefly, if not wholly, due to the action of new products formed in the growth and multiplication of the bacteria.

Dr. N. N. Shipman, of Seymour, read a paper on "Preternatural Sleep," and reported the case of a thirteen year old boy whom he had attended, who slept for a month the first time. After that he had long periods of sleep and on the eleventh of February last, went to sleep for thirty-three hours. He seemed all right for a day after this, then fell asleep for twenty-four hours. Since then he has been a normal boy apparently well and hearty.

Dr. A. W. Brayton, of Indianapolis, presented a description of a case of Xeroderma pigmentosum, otherwise known as Kaposi's disease, of which but sixty-seven cases have been seen, and but three of these in the United States. The doctor has two of these cases in the same family, one a child of eleven months, the other a sixteen year old girl. The latter was exhibited last summer at the Association of American Pathologists at Washington, and was pronounced the most typical case of the disease yet presented.

Other papers were presented by Dr. C. S. Bond, Richmond, "The Purpose of Drugs;" "Tenotomy of the Recti Muscles," Dr. J. O. Stillson, Indianapolis; "Sympathetic Inflammation," Dr. Geo. F. Keiper, Lafayette; "Emergency Laparotomies," Dr. G. R. Green, Muncie, and several others.

The officers for the coming year are: President, Geo. F. Beasley, Lafayette; Vice-president, C. H. Smith, Lebanon; Secretary, E. S. Elder, Indianapolis; Assistant Secretary, N. N. Shipman, Seymour; Treasurer, J. O. Stillson, Indianapolis.

Standing Committees on Ethics, Publication, Arrangements, Bacteriology, Necrology and Progress in Medicine and Surgery, were appointed by the president elect.

The efficient Chairman of the Committee of Arrangements, Dr. F. C. Woodburn, was presented with an elegant operating chair by the medical exhibitors. He was appointed chairman for the ensuing year.

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Dr. J. C. Culbertson has been re-elected editor of the *Journal of the American Medical Association*.



## Melange.

**Dr. L. B. Massey**, an old and prominent physician of Sandusky, O., died in Chicago, recently.

**A Lyons Newspaper** not long since reported an accident sustained by a mason, describing it as a "fracture above the head."

**The Death of Dr. Julian Gonzalez** was announced last month. Dr. Gonzalez was the pioneer homœopathic physician of Mexico.

**The Twenty-first Congress of the French Association for the Advancement of Science** will be held this year at Pau, from September 15 to 22.

**The Paris Municipal Council** has decided to appoint a Commission to inquire into the practical methods of combating purulent ophthalmia.

**A Post-Graduate Hospital and College** has been organized at Albany, N. Y. It is to be called the Sydenham Post-Graduate Course and Hospital.

**The Northwestern Medical Journal** has changed hands and is now in the hands of a company. It will remain under the same editorial management.

Owing to the decision of the Iowa State Medical Society, not to journalize its transactions this year, its journal, the *Vis Medicatrix*, has been discontinued.

**Minneapolis** is to have a new hospital. The Methodists have secured the old medical college building which they intend to convert into a full fledged hospital.

**The American Therapist** is a new monthly whose initial number is dated July, 1892. It is a large octavo of twenty pages edited by Dr. John Aulde, and published in New York.

**A National Law to regulate the practice of medicine is being advocated.** This would abolish State examining boards and give a competent physician the right to practice in any State.

**International Congress of Experimental Psychology.**—The second session of the above-named Congress will be held in London, Monday, August 1, 1892, and the three following days, under the presidency of Professor H. Sedgwick.

**The Chair of General Clinical Medicine in the Istituto di Studi Superiori at Florence,** left vacant by the death of Professor Federici, has by the unanimous vote of the Medico-Chirurgical Faculty of the Institute, been offered to Professor Grocco, of Pisa, a clinical teacher and consultant of high reputation in the latter seat of learning.

**The Cartwright Prize.**—The Alumni Association of the College of Physicians and Surgeons of New York offer a Cartwright Prize of \$400, to be awarded in June, 1893. This prize is open to universal competition, and essayists may select any subject connected with the science of medicine. Original investigations are, however, demanded of the competitors.

**A Proposal is now before the Municipal Council to change the name of the Lourcine (Female Lock) Hospital to the Hôpital Broca.** The object of the proposed change is apparently not so much to do honor to the memory of a distinguished man, as for the sake of certain supposed "moral advantages," to hide the nature and purpose of the institution under the shadow of an illustrious name.

**The Manufacture of Tuberculin.**—Since July 1, the manufacture of tuberculin has passed into the hands of Meister, Lucius and Bruning, near Frankfort, and Dr. Libberts has gone there to continue his supervision. Treatment by tuberculin is steadily continued at the Institute in Berlin. A modification has been used in some cases and its results compared with those of the old preparation.

**The Prevention of Tuberculosis.**—The Prussian Bureau for medical matters proposes to replace the water in the

spittoons of phthysical patients by wood shavings moistened with water to which chloride of calcium and chloride of soda have been added. This will obviate all danger of freezing, of evaporation, or spilling, and there need be no fear that domestic animals will use the spittoon as drinking vessels.

Professor Biermer, till lately director of the Medical Clinic in Berlin, died the other day at Schoneberg, near Berlin. He wrote on sputum, leucocythemia, the anatomy of bronchiectasis, pneumothorax, the diseases of the bronchi and of the parenchyma of the lungs, asthma bronchiale, typhus abdominalis, the causes of epidemics, especially cholera, metallic tinkling etc. He taught at Wurzburg, Berne, Zurich and Breslau. His successor in Breslau is Professor Kast, formerly of Hamburg.

**A Fraud!**—Look out for him! A fellow styling himself S. Drake Marshall, is working the doctors of Cincinnati (*Lancet-Clinic*). He represents himself to be an agent for R. S. Peale, the Chicago publisher, but has no such connection.

We are informed by R. S. Peale that he will consider it a great favor if some physician will have the scamp arrested and notify him by telegraph. Mr. Peale's address is 321 Wabash Ave., Chicago.

The man is described as being about five feet nine inches in height, 160 pounds in weight, red moustache, sandy hair and pleasant address.

**Dearth of Doctors in India.**—The *Civil and Military Gazette*, in adverting to the prevailing unhealthiness of North-Western India, considers the time opportune of reiterating its complaints against the inadequate supply of doctors. The medical services in India have no representation commensurate with their importance in the government of India, and it is to this that our contemporaries attribute the fact that their complaints are not attended to. It is not, however, from the point of view of the doctors that the question has to be regarded. It is obviously a public question and a serious one as far as their actual and prospective patients are concerned, for a scarcity of medical aid during unhealthy seasons becomes a serious affair for the public. There does not appear to be a sufficiency of medical officers for ordinary work, to say nothing of any margin for contingencies.

The Report of the Royal Society's Committee on Color Vision has just appeared (*Ther. Gaz.*), and is most elaborately and carefully arranged. Dealing with the question of tests for color-blindness, they are still of opinion that none of the simple tests is more efficient than the wool-test of Holmgren. The standard test-colors must, however, be of a proper character both as to tint and as to dilution with white. The sufficiency and variety of the "confusion colors" must also be secured. To fulfill all these ends, they strongly recommend that standard patterns be kept by some central authority, by whom also every set of test-wools used for official purposes should be examined.

The Italian Society of Larynology, Otology and Rhinology will meet for the first time in Rome toward the end of October next. Among the agenda the following may be noted:

1. Report of Professor F. Massia, of Naples, on the Phases, Nature and Therapeutics of Laryngeal "Papillomi."
2. The Diagnostic Value of the perception of Sound "per la Via Craniense ed Aerea" (cranial and respiratory) in Maladies of the Ear: Reported by Dr. Corrado Corradi, of Verona.
3. Diagnosis and Treatment of Affections of the Sinuses annexed to the Nasal Cavities. Dr. Giuseppe Strazza, of Genoa, reporter.

The Surgeon General of Illinois. — We hear and read much in these degenerate days, (*Journ. Amer. Med. Ass'n*) of the improvement and purification of the Public Service, but it has been reserved for the present Governor of Illinois to show the estimate placed upon professional ability and experience by a thorough going politician. The telegraph informs us that a young graduate of the Hahnemann class of 1887 has been appointed Surgeon General by his Excellency, Governor Fifer, to fill the vacancy caused by the death of General Matthews. The action of the Governor in selecting this inexperienced young person for so important a position is inexplicable on ordinary grounds, but in common with many others, we are of the opinion that the Governor's sincere desire to secure the "finest military medical talent" in

the State for Surgeon General, will receive at the polls in November that rebuke at the hands of the profession, which such misdirected action fully warrants.

**Paris as a Medical Center.**—The Paris correspondent of the *New York Medical Journal* says that Paris, though of all European cities the most favored by American tourists, seems to find but little favor in the eyes of students of medicine, who now flock to the Austrian and German seats of learning in preference, and in so doing make a mistake which is greatly to be regretted, for there is no other city in which one acquainted with the language feels himself so much at home; and there is no place that presents so many attractions as Paris does, and these, from a medical stand-point, are various and vast. The advantages to be derived from a prolonged stay here can not be overestimated, and study is facilitated by the enormous material at hand. The clinics are large and numerous, the hospitals are capacious and well managed, the laboratories are well equipped, and, above all, the medical men are most learned and most masters of their profession. With these *aristoi* of medical advantages, it will be seen that one can go farther and fare worse, but that improvement is not feasible.

**Modern Scientific Language.**—The march of medicine has been so rapid in late years, says *la Revue des Sciences Médicales*, that a physician who has not read during the past ten years could not even understand what is written, such as the following examples:

Cytodieresis is effected in epithelial tumors, either by direct division, or by karyokinesis and the process does not materially differ from the type which is common to all cells. There are observed, in direct cell-division, the chromatic elements, the achromatic filaments, and the polar corpuscles with their centrosomata. Whereas in normal epithelial coverings, the orientations of cytodieresis remains constant, the plan of cellular division being generally parallel to the generative layer; in malignant epithelial tumors, on the contrary, the orientation of cytodieresis is always more or less modified.

Again: Asymmetrical mitoses have been observed in carcinoma. By fixing the elements with the aid of Flemming's

solution, and staining with the aniline-safranin solution, Kruse has found hypochromatic mitoses existing in the same preparation with hyperchromatic mitoses; nuclear fasciculi with aberrant chromosomata, and multipolar hyperchromatic mitoses.

And, after this, some say that a knowledge of Greek is unnecessary to the progressive and scientific physician!

Judge Davis, in fixing the fine of C. Gee Wo for violating the act regulating the practice of medicine, said (*Omaha Clinic*): "I wish that I could make the fine \$5,000 for I believe that you are a plague to the community as a quack doctor. Take the witnesses who were called in your case. They are a sample of the class of people who patronize you, half-witted and simple-minded, with scarcely memory enough to tell what they were troubled with. They are like the people who followed false prophets, believing that there was some miraculous power in their nostrums. We have heard of some of them dying in the hospital for the lack of a little simple surgery by reason of the faith that they had in this juggler in medicine." The court imposed a fine of \$3000 and costs—the limit—and exacted that C. Gee Wo should enter into a bond of \$2,000 to keep the peace and be of good behavior for two years. The case will be taken to the Supreme Court at once. Judgment was suspended for twenty days and the bond fixed at \$1,000.

To practice medicine on the part of defendant will break the peace and renders him liable to the forfeiture at any time of the bond.

The Cholera is advancing from Central Asia into Europe (*Record*). It has entered Russia at Baku on the Caspian Sea, and has traveled eastward as far as Tiflis. Passengers from Central Asia on the Trans-Caucasian railway are quarantined for three days near Baku and forced, much against their will, to take a bath and change their clothing. The transportation of freight on the railway has been forbidden, and all food brought into the country is carefully inspected. The disease has appeared also at Astrakhan, and thence ascended the Volga to Saratov. The latter city is on the direct line of the trade route between Asiatic Russia and Moscow, and it is

feared that nothing can prevent the epidemic invading this city in the very center of the empire. The Russian authorities are reported to be doing the best they can to keep the disease back and to enforce the observance of sanitary laws. Cholera has also appeared in Italy, five cases being reported at Brindisi, the terminus for most of the steamers plying between the Levant and Europe. A cablegram from Paris, dated July 6, reports that there were twelve deaths from "cholerine" in the various suburbs of that city in one day.

**Pan-American Medical Congress.**—Dr. Wm. F. Hutchinson, Assistant Secretary-General, has recently issued the following circular :

OFFICE OF THE PAN-AMERICAN MEDICAL CONGRESS FOR THE COLONY OF JAMAICA.—I have just received from Jamaica the complete list of official members of the Congress from that important Colony, which I send you for publication :

Vice-President—Hon. James Cecil Phillippo.

Member Foreign Auxiliary Committee—Dr. G. F. A. Da-Costa.

Secretary for Section of Gynecology and Abdominal Surgery—Dr. A. B. Saunders.

Secretary for Section of Dermatology and Syphilography.—Dr. W. H. Strachan.

Secretary for Section of Mental Diseases—Dr. J. W. Plaxton.

Secretary for Section of Hygiene and Demography—Dr. J. W. Clark.

A paper is promised, of the utmost importance, upon "Tropical Hygiene and Demography," by the Vice-President for Jamaica, the Hon. James Cecil Phillippo, and from the vast experience and high standing of the writer, I am confident that it will be excellent.

The Mississippi Valley Medical Association will hold its Eighteenth Annual Session at Cincinnati, Wednesday, Thursday and Friday, Oct. 12, 13, and 14, 1892. An excellent program, containing the best names in the valley and covering the entire field of medicine, will be presented. An address on Surgery will be delivered by Dr. Hunter McGuire, of Richmond, Va., President of the American Medical Associ-

ation. An address on Medicine will be made by Dr. Hobart Amory Hare, Professor of Therapeutics and Clinical Medicine, Jefferson Medical College, Philadelphia. The social as well as the scientific part of the meeting will be of the highest order.

The Mississippi Valley Medical Association possesses one great advantage over similar bodies, in that its organic law is such that nothing can be discussed during the sessions save and except science. All ethical matters are referred, together with all extraordinary business, to appropriate committees—their decisions are final and are accepted without discussion. The constitution and by-laws are comprehensive and at the same time simple. Precious time is not allowed the demagogue or the medical legislator. The officers of the Pan-American Medical Congress will hold a conference at the same time and place.

CHARLES A. L. REED, M. D., Cincinnati, President.

E. S. McKEE, M. D., Cincinnati, Secretary.

**International Dermatological Congress in Vienna.**—The second meeting of the International Dermatological Congress will be held in Vienna from the 5th to the 10th of September, 1892.

Many of the most distinguished representatives of Dermatology and Syphilography from all countries have promised to present papers, and the indications are that the meeting will be a great success from a scientific standpoint.

The Committee on organization, through the President, Prof. Kaposi, has extended a cordial invitation to the members of the American Dermatological Association and of the New York Dermatological Society and others interested in Dermatology in this country to be present.

The membership fee (five dollars) should be sent with title of papers intended for presentation to the Secretary for North America, Dr. Prince A. Morrow, 66 West Fortieth street, New York, or to the Secretary General of the Congress, Dr. Gustave Riehl, Wien 1-20, Bellaria Strasse 12.

**In Memory of Prof. T. G. Richardson, M. D.**—Medical Department, Tulane University, Louisiana, New Orleans, La., May 30, 1892.



The following resolutions were this day unanimously adopted by the faculty :

Whereas, Prof. T. G. Richardson, M. D., was called to New Orleans as a citizen by the medical department of the Tulane University of Louisiana, and continued his connection therewith from April 19, 1858, until severed by death, May 26, 1892, and having given to the medical department thirty-one years of active service, fourteen years as professor of anatomy, seventeen years as professor of surgery, and twenty of these years as dean ; and having also given during the last three years of retirement from active service the most convincing proofs of his great devotion to the present and future welfare of the medical department,

Resolved, That Prof. Richardson, endowed by nature with physical, mental and moral superiority, was preëminently distinguished for his culture and skill as surgeon and physician, which gained for him national reputation and rendered him one of the most instructive and popular of medical teachers ; for exceptional scientific attainments, which, while broadening his views of nature's God, left him none the less firm in his Christian faith ; for his courage and patriotism in war and his benevolence and philanthropy in peace ; for his moderation and wisdom in council, and for his zeal and ability in executive administration ; for his inflexible devotion to truth, honor and duty ; for the strength of his friendship in adversity as in prosperity, and for the fidelity, tenderness and devotion given to his beloved and honored wife.

Resolved, That by the death of this strong, wise and good man the medical department has lost its most valued friend and counsellor ; the medical profession its most honored representative in New Orleans ; the State of Louisiana a citizen unsurpassed for patriotism and for worth ; his friends a heart to love and a hand to help them, and his wife and family one who has left precious memories of a loving, virtuous and noble life.

Resolved, That the next annual commencement, April 5, 1893, memorial addresses upon the life and services of Prof. T. G. Richardson, M. D., shall be delivered.

STANFORD E. CHAILLE, M. D., Dean.

### Local Medical Matters

**Dr. McMillan**, a promising young physician, died in July from the results of an operation for appendicitis.

**Dr. David S. Booth, Jr.**, of St. Louis, was recently married to Miss Basmath A. West, of Belleville, Ill. Our best wishes go with the young couple.

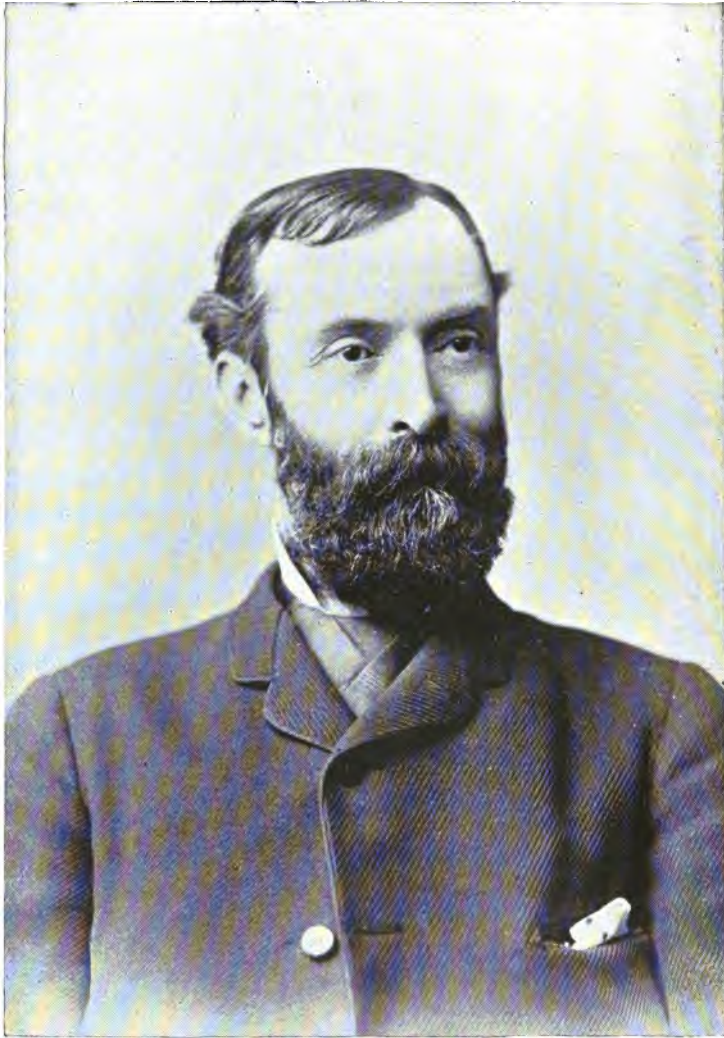
**Daniel O'Madigan**, for a number of years Superintendent of the Quarantine Hospital, died last month suddenly. His death was universally deplored by the local profession.

**Dr. Bransford Lewis** has undertaken to publish a complete and reliable directory of Missouri. He should certainly be encouraged in his enterprise, as such a directory would be of the highest value to physicians.

The Board of Education Building, of St. Louis, is to become the meeting place of the local medical societies, viz.: The St. Louis Medical, the Medico Chirurgical, the City Hospital Society, the Deutsche Medicinische Gesellschaft, and the Verein Deutscher Aertzte. The only one which has not yet signified its intention of meeting there is the Obstetrical and Gynecological.

**Beaumont Hospital Medical College Faculty.**—Several changes and additions have been made in the faculty of the Beaumont Hospital Medical College, of St. Louis, for the ensuing session. Among the new professors will be Dr. L. T. Riesmeyer, as professor of histology, pathological anatomy and bacteriology; Dr. J. Friedman, formerly of the St. Louis Medical College, as professor of chemistry and toxicology, and Dr. Robert M. Funkhouser, professor of physiology.





Yours Very truly  
W. H. W. M. D.

# THE ST. LOUIS Medical and Surgical Journal.

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## Original Contributions.

A TRIP TO THE KEELEY INSTITUTE. By A. R. HAYWOOD,  
M. D., St. Louis.

In November of last year I started from Brownsville, Tennessee, my former home, with a friend and patient of mine, Mr. L. W. B., on a seven hundred mile trip, bound for the Keeley Institute at Dwight, Ill. The young man had been an inveterate consumer of whiskey and manufactured cigarettes for six or seven years past, to an almost incredible degree, which had at last resulted in delirium tremens that threatened to assume the phase of chronic mania, as treatment failed to restore his usual mental and physical equipoise. At the urgent solicitation of his relatives, who had heard of the Keeley cure, and without knowing anything myself about the equipment for the management and reception of such patients at Dwight, and knowing still less about Dr. Keeley's methods, I consented to accompany the young man there.

At the beginning of the trip the young man's mental condition seemed to be only in a state of partial eclipse, his aberrations consisting mainly of forbodings of evil and suspicious fears, but had a tolerably clear idea of the object and purpose of his journey, which seemed to be entirely in line with his inclination and wishes. He knew me perfectly and seemed willing to submit himself to my control. To start with, I apprehended no particular trouble with my patient, except a careful and watchful consideration for his condition. We traveled together on our way in comparative ease and comfort until the journey was more than half made, when my

companion seemed to lose himself entirely, and his mental faculties became unanchored in a sea of misgivings and frightful hallucinations and I could no longer control him, as he seemed not to know me from the rest of the passengers, many of whom trembled in their seats because of his singular conduct. I interceded for him as far as I felt justified in doing, and certainly would have been unable to accomplish the balance of the trip but for the kindly aid of the railway employees, whose kindness still lives fresh in my memory. We reached Dwight in the morning just at the time when "the darkest hour is just before the dawn." At the landing I recall these incidents: a dismal depot without light or human sound to cheer, a demented friend, and I myself so worn out from loss of sleep and anxiety, it would be hard to tell which of the two was least able to take care of himself. My patient seemed more willing to try than I, for he wandered about aimlessly in the dark, while I stood still. At last another form appeared, a man of whom I ventured to ask if this was Dwight, Ill., and if the Keeley Institute was here, and, if so, where. He replied that the Institute was there, but it did not open until eight o'clock. I asked then where a man could go for accommodation besides the depot. He replied he would lead the way to a Tavern where we could find accommodations. Whereupon the stranger and I exchanged names, and proceeded together with my friend for the inn. So much for the reception, now for the treatment.

At the hotel I intrusted my friend to the care of another man, who said he was accustomed to the management of such patients, and as he kept a private boarding house already full of patients, he would take him there. I gladly agreed and retired at once to my room for much needed rest. When I awoke it was late in the afternoon. I dressed at once and went in search of my friend. I found he had not slept, and had given his attendant much trouble, who had used him with the utmost patience and forbearance. I learned he had been to the Institute, had been examined by a medical attachee, (Dr. Keeley himself being at the time in Europe,) who said the young man was in no condition to come to the Institute for treatment, but would have to be treated at his boarding place. I knew my patient was bound to have sleep, so I administered to him chloralamid dissolved in whiskey in

quantities sufficient to produce sleep, about forty grains, and saw his bewildered faculties wrapt in restful slumber before leaving him. Whereupon I repaired to the Institute, accompanied by the man who had taken charge of the patient for me, and this is what I saw there: Lined up and down the pavement in files of two and heading upon the doorway of an ordinary two story brick store house, I saw four or five hundred men standing in rank waiting for the Institute to open to receive their injection or "shot," as commonly called. Promptly at six the doors swung open, the crowd filed in, marched to the rear of the building in pairs, turned, and as they made their exit, received each an injection, given hypodermically by two attendants stationed for the purpose, and further on two other attendants doled out to them their daily allowance of whiskey and medicated "dope," or mixture for internal use. As I stood and watched this scene but one thought occurred to me, "what fools these mortals be." I inquired in vain of the medical staff, what this injection contained. It was the "open sesame" to Dr. Keeley's treasures that they dared not impart.

But to return to my patient, under the influence of the drug administered, he slept soundly all night and awoke the next morning much refreshed, but practically in the same condition as when we left home. Upon the assurance of the medical staff of the Institute, that they could relieve my patient, and feeling sure that he was in the hands of a kind and careful attendant, I left Dwight for home with but little confidence left in Dr. Keeley or his methods. At the end of two weeks, I received a telegram, saying patient was no better, and to come at once or he would be sent home. Signed Leslie E. Keeley, who, in the meantime, had returned from his trip to Europe. I obeyed the summons at once, found my friend in the same condition as when I left him, heard Dr. Keeley say in person, who had not even taken the trouble to see the case at all until I returned, acknowledge that he could do such a patient no good, and manifested unmistakable eagerness to get rid of the case, but said nothing, however, of the gold I had contributed to his "Double Chloride of Gall." So we departed, my friend and I, and reached home with enough money and sense left to take a drink together, since which time, I am glad to say, the young man has gradually

improved, and when last I saw him stood a fair chance of recovery, if he would but quit his pernicious habits.

517½ Chestnut Street.

ON THE DIGESTIVE FERMENT OF THE CARICA PAPAYA IN GASTRO-INTESTINAL DISORDERS.\* By FRANK WOODBURY, M. D., Philadelphia.

During the past year, having devoted considerable attention to the clinical applications of papoid, especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention. The successful application of physiological data must be my excuse for again directing attention to a remedy which has been studied by such eminent investigators as Wurtz and Bouchut, Finckler, Rossbach, Roy and Wittmach, and one furthermore the physiological and therapeutical actions of which, at the present day, may be regarded as pretty fully established. If I have little of novelty to offer as regards the agent employed, I may at least point out very briefly some of the clinical uses and the conditions of its successful employment. If I accomplish this modest task the labor will not be in vain, since success in therapeutics depends upon the pharmaceutical preparation and mode of administration, in many instances, as much as it does upon the selection of the proper remedy.

There were two considerations that especially led me to study the clinical applications of the juice of the papaw to disorders of digestion. The first was the relatively large number, both in private practice and clinical service, of patients otherwise enjoying good health, but complaining of digestive disorders. The second was the following statement of Lauder Brunton's which I encountered some years ago:

"In the West Indies a tough beefsteak is rendered tender by rubbing it with the juice of a fresh papaw fruit, which contains a ferment, having an action very much like the trypsin of the pancreas."

The line of argument that would naturally be followed by the mind after receiving such a statement would be this:

"A tender beefsteak is more easily masticated and digested than a tough one; consequently an agent possessing the

\*Condensed from New York Medical Journal, July 30, 1892.



power of making this change must be of considerable value as an aid to digestion when weakened from any cause." Before considering the therapeutics of this unique remedy, however, I may briefly summarize its physiological actions and other properties.

Papoid is a fine cream-white powder, almost devoid of odor and taste, freely soluble in both water and glycerine, and claimed to be of uniform digestive activity.

The physiological actions of papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them ultimately into peptones, as fully demonstrated by George Herschell. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. Moreover, Herschell declares that it has a direct tonic action on the stomach, stimulating the secretion of gastric juice or pepsinogen. Papoid, according to the same authority, is distinctly antiseptic in its action and prevents abnormal fermentative processes from taking place in the stomach and intestines. An important point is, that it can be given in conjunction with true antiseptics, such as salol, when necessary, without its digestive action being checked; even corrosive sublimate in dilute solutions does not interfere with its digestive powers. It acts at all temperatures, but attains its maxim activity at a temperature of about 130° F. In several important points it differs from pepsin. Papoid acts best in an alkaline solution, but also can work in fluids with an acid or neutral reaction. Pepsin requires an acid solution. Papoid is freely soluble and is most active when in concentrated form; pepsin requires free dilution. Herschell also points out the greater digestive power possessed by papain Finckler than either pepsin or pancreatine, and states that "it can be used when pepsin is contra-indicated or powerless." Finally, it should be stated that papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered.

Therapeutically, confining these remarks strictly to digestive disorders, papoid is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent or deficient. Experiments of my own and others have satisfied my mind of the remarkable digestive activity of papoid. For

instance, in one of the experiments referred to, portions of the constituents of a hearty dinner of bread, meat, potatoes, peas, mince-pie, and other substantials were placed in a large test-tube and treated with papoid and bicarbonate of sodium and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened and the other ingredients gradually disintegrated, forming a pultaceous mass which finally separated into a grumous sediment and an overlying albuminous, dark colored liquid.

Since papoid acts in alkaline solutions even better than in acid media, it is evident that it is specially useful where there is indigestion due to deficient secretion of gastric juice or of hydrochloric acid (achlorhydria). In such cases, the administration of an alkaline solution of papoid favors gastric digestion both directly and indirectly: First, by digesting albuminates and softening masses of food, and, secondly, by the action of the papoid in stimulating the secretion of the pepsin gland, while the alkali induces the secretion of more gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach and prepares them for intestinal digestion. In fact, in such cases a compressed pill of papoid, bicarbonate of sodium, and extract of *nux vomica* has given me excellent results. In the contrary case, where there is an excess of hydrochloric acid, and where the stomach contents poured into the duodenum are so acid that they prevent the action of the trypsin, papoid prevents duodenal indigestion by taking the place of the pancreatic ferment. As Herschell points out, it is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would, moreover, be unwise, because it would stimulate still further the secretion of the acid. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid.

In gastralgia, which often accompanies the condition just named, papoid, with bicarbonate of sodium, gives immediate relief. On account of its well marked sedative action, it is also useful in irritable stomach, nausea and vomiting. In sea-sickness, I have not had an opportunity as yet of using it, but I would anticipate decided relief from its administra-

tion. In gastric catarrh and the catarrhal conditions of the intestinal tract popularly known as biliousness, papoid administered in hot water fifteen minutes before meals, or upon rising in the morning, cleanses off the mucus and places the mucous coat of the digestive organs in a good condition for secretion. Constipation, especially in children, is often caused by imperfect digestion. In infants, for instance, the faecal masses consist largely of casein. Here, a digestive agent is the rational remedy to administer, and, in fact, I have used papoid with good results in just such cases, even in very young infants. On account of its sedative action, it is very efficient for the relief of colic in infants, as well as persistent vomiting. Its antiseptic action and its ability to digest in the presence of antiseptic agents makes it useful in the treatment of irritative diarrhoea in young children, to whom it may be given in combination with salol or salicylate of bismuth. In aepsia of young children, or in that form of deficiency of the gastric juice in adults due to atrophy of the gastric follicles as the result of chronic catarrhal processes, the glycerine solution of papoid (1 to 20) is especially effective. It is permanent and retains its activity for a long time, whereas watery solutions should be freshly made or they will not keep their digestive power. (This may possibly be explained on the ground that in the presence of water, papoid being an albuminoid body, partly undergoes hydration and digests itself). Furthermore, as already stated, watery solutions of papoid, like other albuminous fluids, are apt to become attacked by bacteria and undergo decomposition after standing for several days.

The uses of papoid in treating disorders of the digestive organs may be summarized somewhat as follows:

1°. In actual or relative deficiency of the gastric juice, or its constituents. (a) Diminished secretion of gastric juice as a whole, aepsia, anæmia and deficient blood supply, wasting diseases. (b) Diminished proportion of pepsin, atonic dyspepsia, atrophy of gastric tubules. (c) Diminution of hydrochloric acid, achlorhydria, carcinoma. (d) Relative deficiency of gastric juice, overfeeding.

2°. In gastric catarrh. (a) Where there is a tenacious mucus to be removed, thus enabling the food to come in contact with the mucous membrane. (b) Where there is impaired digestion.

3°. In excessive secretion of acid, to prevent duodenal dyspepsia.

4°. In gastralgia, irritable stomach, nausea or vomiting.

5°. In intestinal disorders. (a) In constipation due to indigestion. (b) In diarrhoea, as a sedative. (c) In intestinal worms. (This claim the writer has not personally verified, but as the intestinal mucus which shields the worms is removed by papoid, it is easily understood that their removal would naturally result after its administration.)

6°. In infectious disorders of the intestinal tract. (a) Where there is abnormal fermentation; by its antiseptic action, which may be heightened by combination. (b) Where there are foreign substances present, its detergent effect may be utilized in cleaning out the debris from the intestinal contents by digestion.

7°. In infantile indigestion; here papoid not only readily peptonizes cow's milk, but the resulting curds are also soft and flocculent, resembling those of breast milk.

The dose of papoid, ordinarily, is one or two grains, but five grains or more may be used, the only objection being that of useless expense and waste except where very prompt effects are desired, in which case even larger doses of the remedy may be administered. In case of obstruction of the oesophagus by an impacted piece of meat and gristle—such as has been recently reported—a paste of papoid and water with some soda would produce softening in a very few minutes.

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### Clinical Reports.

“A FRANK CASE OF APPENDICITIS.” By C. H. POWELL,  
A. M., M. D., St. Louis.

On the 3d day of last May I was summoned to the bedside of Roy M., aged about sixteen years, to treat him for an indisposition, apparently trivial. I was immediately informed by the family that his present condition was simply a repetition of the same attacks he had been subject to for two or three years past. For these seizures of abdominal colic he had ordinarily been dosed with simple domestic remedies always and with good result until the present instant. I found the patient oc-

cupping the dorsal decubitus, his knees slightly drawn up, and his forehead wrinkled. His tongue was but slightly coated, his pulse about 90, his temperature 99.8°. The bowels were constipated, micturition was normal. He could not sleep well at night, his appetite was poor, and he complained of pain in his right hip, any position other than the dorsal gave him, not actual pain, but great uneasiness. The abdomen was slightly resonant on percussion, and only little pain was manifest on deep pressure over the ileo-cæcal region. There was no swelling in the latter locality. When told to walk slowly across the room his gait was peculiarly interesting. His body bent forwards, his head flexed until the chin almost touched the sternum; in this position he would put forward his left leg with a slow, swinging motion, then slowly and cautiously with his body rotated on its perpendicular axis drag the right leg gradually forward. The only actual pain was found over the appendix vermiformis, and in the right hip extending down the leg. The pain in the latter was not severe, and the limb could be put through its motions readily and without discomfort when patient was told to offer no resistance. The diagnosis of appendicitis was presumptive but not yet conclusive. Sulphate of magnesia was given and small doses of quinine with sedatives to secure rest. The laxative had the desired result, but the pulse and temperature remained unchanged. I followed the expectant plan of treatment for nine days, carefully watching the right inguinal region for evidence of dullness on percussion and tumor. During this time my patient remained about the same, no better, no worse. On the morning of the 9th day my vigilance was rewarded by undoubted evidence of a swelling. I telephoned Dr. H. H. Mudd, who responded, agreed with me as to the presence of pus and advised a laparotomy.

May 13 the family having consented, Doctor Mudd performed the operation assisted by Doctors Hodgen, Quarles, Kimbrough and myself. Incision was made just internal to the anterior superior spine of crest of ilium, and parallel to Poupart's ligament, length of incision about three inches. Retractor used on internal surface with sponge adjacent to peritoneum to protect cavity from the entrance of pus. No pus appeared until Doctor Mudd introduced his finger, when a free discharge of thick, foul smelling pus welled out. The

quantity amounted to about a wineglassful. Moist sponges were used to mop out the cavity saturated with bichloride solution. Iodoform gauze was packed loosely in the opening, its ends left outside. The wound was then dressed with the usual material. Patient rallied from the chloroform without a single draw-back. The day following his temperature rose to 102°, profuse sweating set in, and the pulse was wiry though not fast. Dressings removed, when with a gush fully a tea-cupful of pus flowed out, showing the existence of another pocket. The cavity was from now on daily washed with bichloride solution through two large drainage tubes introduced side by side. In three days the pulse was 85° and the temperature 98°. In six days I removed the first tube, and six days later, the long tube, as all signs of discharge had ceased. Fæcal matter escaped through the wound for two or three days but soon stopped. Doctor Mudd could find no trace of the appendix and concluded it had sloughed away, which is very likely. The patient made a quick and uninterrupted recovery and is now resuming his duties in a railroad office. The pulse or temperature in these conditions do not necessarily run high, indeed in the present case the pulse never exceeded 92, nor the temperature 102°, as the following table will show and yet a large amount of pus existed.

## PULSE AND TEMPERATURE CHART.

	A. M.		P. M.	
	Pulse.	Temp.	Pulse.	Temp.
May 14,	91	99.4°	87	99.6°
May 15,	77	99°	87	102°
May 16,	72	99°	87	100°
May 17,	88	98.8°	85	99.2°
May 18,	85	98.4°	85	98°
May 19,	90	98.6°	not taken.	
May 20,	92	98.6°	not taken.	
May 21,	84	97.8°	not taken.	

When an unmistakable case of appendicitis exists, removal in my opinion is the only treatment. If pus exists, particularly is this imperative, for no one can tell whether the abscess will or will not rupture into the peritoneal cavity. If the practitioner doubts his ability to operate, call in a good competent surgeon, for the patient's welfare is paramount to everything else, and whenever doubt exists always give your patient the benefit, not yourself.

1423 Euclid avenue.

## Correspondence.

### PROPRIETARY MEDICINES.

A gentleman occupying quite a prominent position in the St. Louis profession, and deservedly high in the estimation of his colleagues, recently read a paper before the St. Louis Medical Society upon the above caption. He took occasion to deplore the general sentiment of the profession for their general support of the products of proprietary medicine manufacturers, as also the universal endorsement of such wares by prominent physicians. Of course, the discussion led to the usual panegyric upon the code of ethics by those gentlemen, whose devotion to the code has resulted in permitting the less ardent to secure a lucrative practice whilst indulging in a pantomimic endorsement of its provisions. With very few exceptions, those who object to the present method of securing endorsements for proprietary medicines, are those who either have no practice and others whose name would be of no value in furthering their sale. That some names have been used without permission is a matter which cannot enter into a discussion as to the place proprietary medicines fill in the physician's laboratory.

Considering this question from an unbiased standpoint\* the writer has to offer three propositions:

1°. The palatable nature of mixed solutions has been improved.

2°. They have supplied a material deficiency in the education of the medical student.

3°. They have aided in the relief of human suffering.

4°. They are time and labor savers.

The writer needs only to recall the time of his graduation (1874) to emphasize the truth of the first proposition. Infusions, decoctions and unpalatable mixtures were then the means to an end, and patients were tempted to swallow them, because nothing could be substituted for them. Irritation of the gustatory sense and physiognomonic writhings was the order of the day. The appreciation of these discomfitures

\*The writer has not endorsed proprietary medicines.

led to the general use of specially palatable remedies. Since that time dates the great improvement in American pharmacy, in which the introduction of proprietary medicine acted as the incentive.

One having some experience in medical teaching, and abundant opportunities of conversing with medical students, cannot fail to have noticed that in the teaching of *practical therapeutics* and *pharmacy* all the schools were sadly defective. The teacher in order to either demonstrate his wisdom, or having no intimate knowledge of the *status quo*, would commence at the A of the dispensatory and conclude with the Z, cramming all manner of stuff into a period of five months, holidays and absenteeism included. Botanical, metallurgical and chemical lore pounded into crania unprepared by either previous education or taste for the reception of abstract matter in such abundance. As a natural consequence of such routine teaching, the physiological action of drugs, the affinities of drugs with reference to effectiveness or palatability, the compounding of medicines, were least emphasized. Thus the young physician was left to grope in a maze of uncertainty, or rely upon shot gun mixtures (twelve or thirteen ingredients in a solution) for effects, which a better knowledge could possibly have secured from one or two. To those included in this category, such preparations as Iodia, Bromidia, Listerine, Elix. of three chlorides, Lithiated hydrangea, Campho-phenique, etc., etc., were of undoubted value and served to prove the truth of proposition three. That the use of proprietary medicines became so universal, is *ipse facto* proof that they filled some gap, and must be considered a state of evolution in progressive pharmacy. That it should be decried proves only a failure to realize the *status quo ante*.

Proposition four is self-evident.

Whether or not an improvement in the system of education will lead to a better knowledge of practical therapeutics and pharmacy, and thus evolve better medicine compounders must be left to a future generation. That proprietary medicines have supplied and do supply a long felt want, is evidenced by their enormous sales. Though *post hoc ergo propter hoc* may not be good logic, we must apply it to the conditions argued.

VERITAS.



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#### THE KEELEY "CURE."

We have purposely refrained from saying anything upon this subject because the entire matter was so fraudulent upon its face, from its reception, that we hardly supposed any physician could be gulled into the supposition that there was anything tangible in the method. However, the old proverb quoted by Mainwayringe—*populus vult decipi*—is as true to-day as it was in his time and it would seem that the greater the fraud the more numerous are the victims it makes. As that prince of humbugs, Barnum, said: "the American people love to be humbugged." The extraordinary success of the so-called "bichloride of gold cure" is ample evidence of this, as well as of the credulous weakness of the ordinary individual. The method has proven a "howling" success if we are to judge of the number of pilgrims who are still making journeys to the parent and branch institutes, and the large amount of money which has poured into the coffers of the hierarch of this stupendous fraud.

A critical examination of the whole affords readers some interesting as well as startling conditions. In two to four weeks the patient is discharged cured of the alcohol, morphine or tobacco habit. We wish to speak more directly to the alcohol victims. What becomes of them? They go forth, imbeciles, insanes, or mental wrecks, in such a large proportion of cases as to elicit more than passing notice. The majority join "bichloride of gold clubs," or go forth boasting to their friends that they were chronic drunkards but have been cured

They seem to lose all self-respect, all shame, and glory in boasting of their former vice. They are "graduates" and constitute themselves a board of proselytes for one of the most barefaced medical frauds ever seen in this country. A certain other proportion becomes more or less feeble-minded. These individuals lose their memory, become enfeebled in intellect and totally unfit to pursue their former avocations. Others become insane and as a result of the treatment are so mentally affected as to lead them to commit suicide. Still another class fall from grace and resume their potations as of yore. Taking all these results into consideration, the final outcome cannot be looked upon as a very brilliant one.

To particularize in one respect, we will speak of the treatment pursued at Dwight, Ill., the hot-bed of this fraud. We have it from an eye-witness who was horrified at the method pursued. As our readers are no doubt aware, a portion of the treatment consists of a hypodermic injection administered night and morning. The patients are placed in a line and the doctors (God save the mark!) give each one his "jab." Our informant saw these assistants apply hypodermics to patients, one after another, without ever cleaning the needles of their syringes or using any precautions and this in face of the fact that there were interspersed, individuals having secondary syphilis in its most infectious stage, the eruption being thickly disseminated on that portion in which the mysterious liquid was injected.

We cannot dwell at length upon the Keeley treatment. An article in this number by one of our contributors will furnish our readers with interesting matter upon this subject. What we wish to advert to is Keeley's abortive attempt to sell his "cure" in England. He recently set sail for Britain, but he met with a rebuff at the outset. Whether he will ultimately succeed or not, we cannot say. Of one thing we are cognizant. All the influential medical journals of Great Britain have spoken against the method and all insist upon knowing what the treatment is and what the composition of the various remedies used is. Keeley, however, is too astute to disclose this and he is still working, we believe, to get the temperance associations to back him with their support.

There is one consoling thought left us. An end must come, and the bubble must eventually burst. The larger the bubble the more complete its destruction when that occurs. We will

yet have the pleasure to chronicle this event; but, we will also be forced to reflect upon the sad fact that it was a success—financially. Not an ordinary good business venture but one which has made its proprietor a millionaire; for, as he himself declared early in the game, no pay, no treatment. If the hundred dollars was not provided, the confiding inebriate was turned away untreated. This is the man who is posing as a philanthropist and benefactor of mankind. He is the one, by whose means a chartered educational institution has disgraced itself in conferring upon him the degree of LL. D. Shades of Minerva! A crack burglar will probably be the next recipient of this honor (?), or an accomplished murderer will be exalted by the conferring of this degree in the near future, if the sacred rights of education continue to be prostituted as they have been in the case of the notorious charlatan.

#### EDITORIAL NOTES.

INCIDENTS OF THE RUSSIAN CHOLERA EPIDEMIC are numerous enough. The following appears in the *Lancet*: From all time the medical profession has been able to find among its members men distinguished no less by human fellow feeling and a high sense of personal duty than by intellectual capacity and scientific insight. We should be guilty of a widely reaching injustice were we even to allow that such men were exceptional or other than typical of their class. It is they who have earned for it that honorable position which it now enjoys in all civilized communities. It must also be admitted, nevertheless, that times of panic in the presence of uncontrollable disease, as they have exerted a depressing influence upon the mental and moral force of a population generally, have acted with a like result upon many of its healers. The plague of London acted thus as a discriminating influence. There were those who at that time bore well the crucial test of their devotion, and there were those who preferred their personal security. According to recent information members of our profession in Russia are now passing through a similar ordeal during the visitation of cholera, and details are given of a not very creditable medical exodus from the affected area. It is reassuring to learn, however, that this apparent dereliction of duty has not been entirely, if indeed it has been in any degree, spontaneous. Reports tell us of riotous disorder prevalent among the populace in Astrakhan and

Saratoff, of a hospital wrecked, and of medical men and nurses shamefully maltreated. It is easy to conjecture a possible reason, which is no reason, for this extraordinary behavior. The intractable nature of established cholera is well known, and we may conclude that the ignorant mob have, in their impatience of the epidemic, attributed their misfortunes to the supposed incapacity of those who are laboring for their relief. This error is everywhere too common, though not everywhere equally extreme or equally disastrous. Selfishness, ignorance and ingratitude are its underlying causes. The Russian government, it is said, has interfered to prevent the resulting exodus of practitioners, and there is, therefore, some ground for hope that under the control of a recognized authority we may shortly witness the signs of a clearer understanding of the position and of a more generous unity in the face of the common foe.

THE SIGNIFICANCE OF FLY-BITES is not sufficiently appreciated, according to a contemporary. We have now reached that point in the yearly circle at which, if at any time, might have been expected a continuance of warm weather. One sure earnest of summer heat (despite the recent rains, and it may sincerely be hoped, merely temporary chilliness of northerly winds), has long been present with us in an increase in the numbers and activity of the household fly. It may appear fussy and unphilosophical to fret over this petty trouble but we should be more than human if our patience were proof against its constant and obtrusive attentions. The sick especially have reason to complain of the annoyance it causes them. Happily, however, they are not quite without resource. The muslin fly-curtain or head covering, the hand-switch, the fan, and a variety of other contrivances attest the practical ingenuity which has been enlisted on their behalf. Not least effectual, though as simple as it is generally unobjectionable, is the device of suspending a glutinous cord above the head of the invalid. Comfort, however, is not the sole object aimed at by treatment of the fly plague. The part played by insects in the inoculation of living germs has long been recognized, and it should be remembered that even the house fly, notwithstanding the weakness of its mandibles, is not incapable of taking a share in this work. In *The Lancet* it was recently shown how

easily the fatal effect of the sting of a gad-fly might thus be explained. It is also a fact familiar to bee-keepers that the sting of a bee varies in severity under different conditions. May this not be attributable to the previous surroundings of the insect? We may also glean from the fact an implied lesson as to household cleanliness and as to the necessity of treating by suction, poultices or other convenient methods even so slight a matter as an irritable fly bite.

THE SOCIAL EVIL is an unnecessary evil according to the *Lancet* which says: By a coincidence the first lesson for the morning service on July 27 which generally comes in the height of the London season, and which this year fell on a Wednesday, is the seventh chapter of the Book of Proverbs. It is the chapter which describes in stern language relieved in parts with beautiful passages, the scene between the young man void of understanding and the woman with the attire of a harlot. It is terribly significant of the persistence of prostitution that the description of the sight witnessed by Solomon "in the twilight in the evening, in the black and dark night," nearly 2,900 years ago should be read in our cathedrals and churches in the morning and be reproduced in our streets the same and every evening almost to the letter. The wise man endeavored by warning to induce the young men of his day to adopt wisdom and to avoid vice. In the pages of *The Lancet* similar advice has been frequently given, and the high moral tone adopted by Sir William Jenner, Sir James Paget, Dr. Gowers and many other leading physicians and surgeons must have its effects upon the present and future generations. It is the more necessary to repeat this since many excellent persons of both sexes have been too ready both to state and to persist in stating that young men have had medical sanction for believing continence to be dangerous to health and incontinence justifiable on physiological grounds. George Herbert's words, "Continence hath his joy," is not merely a poetical effusion, but a sober truth, of which most medical practitioners have both positive and negative evidence. The excellent advice given by the manly author of "Tom Brown at Oxford," that "the best thing to do with wild oats is to put them into the hottest part of the fire and let them burn there," should be taken in conjunction with Sir James Paget's words, "Chastity does no

harm to mind or body, discipline is excellent; marriage can be safely waited for." While heartily re-echoing these grand words we still lament that more is not done by legislation to remove temptations from young and thoughtless men who are compelled by their avocations to pass along the streets at night. That the streets should be permitted to remain the happy hunting ground of aggressive prostitution is an evil which cannot be justified, and calls loudly for vigorous measures of repression.

EPICUREAN PHARMACY is thus descanted upon by one of our foreign exchanges: If only they were as harmless in themselves as they are worthless for any useful purpose, we might pass over unnoticed many of the æsthetic vagaries which have arisen at the prompting of a too civilized palate. Since they are not always thus impotent, however, we must be allowed a word of warning respecting them. Take, for example, the opium habit. Intended by nature and employed by man from a remote period merely as a remedial agent, we need not remind our readers how this drug has, almost within the memory of living man, usurped the place of a household luxury. When chloroform was in course of introduction it was in a somewhat similar manner adopted for a time as a kind of scientific bon-bon. It was a plaything of society, and curious tales are told of its effects in the drawing rooms of a past generation. It is asserted that some erratic epicures have more recently sought to add something to the fine native flavor of the strawberry by sprinkling it with ether. Surely the law of contrast could not be further strained or the palate of man be more grossly insulted. Better, perhaps, in taste (there is, proverbially, "no accounting for taste"), but worse by far in its unphysiological recklessness, is the practice of others, who are said to have substituted absinthe for wine at dinner. It is hardly worth our while to proclaim the self-evident fact that no proceeding can justify the misapplication of poisonous agents implied in each of these cases. Such experiments are doubly discreditable. They suggest, on the one hand, a meretricious tendency to indulge in the pleasures of the palate and, on the other, a culpable indifference to the dangerous folly of playing with edged tools. These latter have their use no doubt, but not in play. Poisons have their place also, but it is in the pharmacopœia.

## Microscopy.

**The American Microscopical Society.**—This society convened at Rochester, N. Y., August 9, and remained in session until the 13th, inclusive. For the first time in many years the writer was compelled to forego the pleasure of being present, having returned from the East, whither he had been in attendance upon the American Pharmaceutical Association's meeting, but a few days before the meeting at Rochester. We hope to present some of the papers read there in a future issue. The microscopists and microscopical instrument makers (of whom Rochester is the head centre) of the city exerted themselves to give the attendant members a good time, and succeeded in making the meeting pass off very successfully and agreeably.

**The Ripening of Stains, with Some New Formulæ.**—Unna, of Hamburg, the celebrated dermatologist, contributes a paper to the *Zeitschrift fuer Wissenschaftliche Mikroskopie* on the ripening of stains used in microscopical technology (*Ueber die Reifung Unserer Farbstoffe*). The entire paper is too long for translation here, but there is so much of it good and new that we urge upon such of our readers as understand German, to procure the article and read it for themselves. The following are extracts therefrom :

“It is an old and well-known fact,” says the author, “that a long list of our staining materials, not merely those of the anilin period, but the older and classic stains, submit to a constant alteration in our stock-bottles. This consideration cannot be immaterial to us if we reflect that at any given moment our stains have a different value of potency, differing from that of a previous or a subsequent time, and especially is this of importance when we desire to reproduce experimental phenomena once observed. These changes, which if we wish to govern them we must first learn exactly, may be for the better or the worse. The latter may be the result of chemical decomposition of the coloring material or of the glass of the stock-bottle. We have to deal, in the one case, with an over-ripening of the staining material,

the beginning of a precipitation, a clouding up that is soon converted into a true precipitation and a subsequent bleaching of the staining fluid; and in the other, with a collection of the coloring material on the walls of the glass container, a true chemical union of the glass and the coloring matter, which occurs when the glass contains an excess of alkaline material. This, of course, bleaches the solution and makes it worthless for our purposes. I will not dwell upon these deteriorations at present, but devote myself to the far weightier matter of the improvements which, wittingly or unwittingly, may be brought about by age in many of our coloring tinctures. This process has received the name of ripening, which is all the more appropriate since these preparations are like fruits, which become better up to a certain point of ripeness, at which they are at their best, and after which their value rapidly declines, and they become useless. As observations in this direction have been made in all of the biological laboratories of the world, we must look for an explanation of the phenomena to those external factors present everywhere, which affect the stains—namely, those present in the air. On account of the universality of the phenomena, we can ascribe them only to those agents which are the most universal, to-wit: oxygen, carbonic acid, ammonia and the micro-organisms of the air. The last may attack the coloring matters even before we use them. The spirit of my experiments was to act upon the colors, according to their series, with these agents in concentrated condition, and under the most favorable circumstances, so as to bring on the ripening process with greater rapidity than it occurs spontaneously. Thus I treated some with hyperoxide of hydrogen, carbonic oxide, ammonium, carbonate, etc., and some with the warm nutritive mediums used in bacteriology. I have thus far experimented with cochineal, hæmatoxylin and methylene blue.”

#### METHYLENE BLUE.

The author commences with methylene blue, and while, as remarked, his experiments are very interesting, the description of them is too lengthy for our pages. We will go directly to his results which tell us how to prepare the stains so that they are at once at their most favorable point and do the best work.



*Methylene blue* for staining the plasma cells sharply and deeply, he proposes a stock as follows :

Methylene blue.....	1 gram.
Caustic potash.....	5 centigrams.
Distilled water.....	100 grams.

Mix and dissolve. Place a few drops of this in a watch glass and dilute, to suit the case, with from 10 to 100 parts of saturated anilin water.

*Methylene blue* for staining all cellular and intercellular matter, after removal of plasma cells :

Methylene blue.....	1 gram.
Potassium carbonate.....	1 gram.
Alcohol.....	20 grams.
Distilled water.....	100 grams.

Boil together in a water bath, with gentle heat, until the material is reduced to 100 grams. This liquid has a dark violet color (it is in fact a solution of methelene violet) and may be used undiluted or diluted with anilin water.

*Methylene blue* for staining the granular cells (Mastzellen) .

Methylene blue.....	1 gram.
Potassium carbonate.....	1 gram.
Distilled water.....	100 grams.

Mix and dissolve. Instead of potassium carbonate sodium or ammonium carbonate may be employed, and chloroform or carbolic acid water may be employed as a diluant. This solution acts best when very dilute (1 part of solution to 100 parts of anilin water) and the substance left long in contact with it.

#### HÆMATOXYLIN.

"It is very interesting to note," says our author, "and the fact seems to be entirely unknown to the majority of chemists and microscopists, that when a very small amount of neutralized hyperoxide of hydrogen is added to a freshly prepared light-red alum solution of hæmatoxylin, there instantly occurs a change of color and the hæmatoxylin solution is converted at once into a dark blue hæmateine solution."

"The process of 'ripening' of hæmatoxylin solution—the gradual progress of browning and the production of hæmateine, with which we are all so familiar, is thus produced in an instant."

"For some time past," says Unna, "whenever I wished to stain bacteria with hæmatoxylin, I have used only preparations thus instantaneously ripened."

In every hæmatoxylin solution there exist along side of

the 'ripe' color particles, unripe and over-ripe ones, the latter existing as a precipitate. By filtering this away, the solution is made useful again, but only the ripe coloring particles are active. By using the powerful oxidizing agent named the full strength of the solution is instantly made available.

Hydrogen sulphide in solution is also excellent for this purpose, but its action is too slow. The idea occurred to Unna to add a particle of sublimed sulphur to the solution. The effect was very marked, but while the change took place quickly, it was not nearly as rapid as that produced by hydrogen hyperoxide.

Unna's method of preparing the ripened hæmatoxylin solution is as follows: "Dissolve one part of hæmatoxylin in alcohol, and five parts of alum in water, and mix the solutions in a test tube. Pour a few drops of commercial  $H_2O_2$  into a watch glass and place a crystal of sodium carbonate in it. Test with litmus paper, and as soon as the liquid is found to be neutral remove the crystal add the neutralized hyper-oxide to the solution in the test tube, and heat for a moment in the flame of an alcohol lamp. This gives a deep blue stain that acts very quickly, and powerfully. The sections should be put in and removed quickly, as this solution rapidly deteriorates.

A constant, half ripened solution may be prepared and kept ready for ripening by proceeding as follows:

Hæmatoxylin.....	1 gram.
Alum.....	10 grams.
Alcohol.....	100 grams.
Distilled water.....	200 grams.
Sublimed sulphur.....	2 grams.

Dissolve the hæmatoxylin in the alcohol and the alum in the water, mix the solution and set aside for two or three days or until the color has become strongly blue. If the sulphur be now added it simply fixes the coloring elements and holds them in *statu quo* indefinitely.

In another article Dr. Unna proposes to treat further on this interesting subject.

F. L. J.

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It is Said that the Jews have a less mortality, fewer still born, less illegitimacy, less crime, less insanity, and greater longevity than the Christians.

## Dermatology and Genito-Urinary Diseases.

**Salol in Cystitis.**—Arnold (*Therap. Monatsch.*) relates cases of acute and chronic catarrh of the bladder which have been much benefited by the use of salol in gramme doses in addition to the local treatment. Even tuberculous cystitis has been relieved by it. Arnold observes that salol makes the urine acid, and renders it ultimately almost clear and free from smell; that the drug is well borne, even when administered for some length of time, and that it is a useful adjunct to the treatment, especially when only weak, antiseptic solutions can be tolerated by the bladder.

**Gonorrhœal Rheumatism.**—In a paper by Dr. L. Jacquet in the *Annales de dermatologie et de syphiligraphie*, the author concludes that gonorrhœal rheumatism is not due to any one cause alone. The evident influence of depression of the nervous system; the frequent association with neuropathic troubles, such as various neuralgias, sensory disturbances, etc.; the clinical aspect of certain forms; the persistence of the pains, and their recurrence in persons who have recovered from gonorrhœa, in consequence of the single influence of nervous fatigue; and, lastly, the absence of micro-organisms in the purely sero-mucus swellings of the joints, legitimately suggest a neuropathic origin of these arthropathies. Perhaps they are due to the action on the nervous centers of a poison, a toxine, produced by the micro-organisms in the urethra. On the other hand, it is very probable that there is arthritis, and especially muco-purulent plastic arthritis, excited by the infection, the so-called "gonohæmia." And lastly, as is well known, there is arthritis caused by pyogenic microbes in cases of pyæmia, an instance of which is the rheumatism arising from pyæmic infection in ophthalmia.

**Dermatol in Venereal Ulcers.**—P. A. Bürtzeff (*Medizinska Pribavlenia k'Morskemu Sborniku*), has used dermatol in seventy cases of soft and hard chancres and incised indolent buboes, all in men. The subgallate was used either in powder, twice a day, or, in cases of very flabby and deep ulcers, in the form of a ten or fifteen per cent vaseline ointment. In

the case of shallow ulcers and recently incised buboes the discharge diminished, and in some cases entirely disappeared on the second or third day, while the surface rapidly became covered with healthy granulations and very quickly cicatrised. Indolent or excavated ulcers healed somewhat less readily. The advantages of the bismuth salt are said to be these: 1° It induces far more rapid cicatrisation than iodol or naphthalin; 2° it never irritates the surrounding skin; 3° it is quite free from unpleasant smell or toxic effects; 4° it is relatively cheap. The author also tried dermatol as an urethral injection in the form of a "suspension" in cases of gonorrhœa, but found it quite useless.

**Small-pox in the Fœtus.**—Lambinon (*Journ. d'Accouchements*), reports a case under the care of Dr. Fraipoint, of Liège, in which a pregnant woman was attacked by small-pox which was communicated to the fœtus and caused its death. The mother was twenty-four years old. The last period occurred on October 20, 1891. She then became pregnant for the first time. Vaccinated when two and one-half years old, she did not escape the epidemic of small-pox which set in at Liège during the course of last spring. In the sixth month of pregnancy she had rigors and lumbar pains, followed by a characteristic eruption of variola discreta. She was carefully nursed, so that she recovered without pitting. After the attack she felt no more fœtal movements. On May 30, during the seventh month, she was seized with labor pains and was admitted into a lying-in hospital. The feet presented. The membranes were ruptured and the child was extracted. It was in a high state of maceration. It measured thirteen inches in length. There were characteristic small-pox pustules on the back, arms and thighs. As seems to be the rule in fœtal small-pox, the eruption did not attack the face. The placenta came away ten minutes later. The uterus contracted badly, so an intrauterine douche of hot water and a hypodermic injection of ergotine were administered. The patient made a good recovery, and left the hospital on the ninth day. Charpentier admits that small-pox is rare in the fœtus. Lambinon further notes that bacteriologists have proved that the placenta is not a barrier which specific germs cannot pass. The passage of the germs of malignant pustules, glanders, famine fever, and pneumonia have been proved by experi-

ment. Malvos and Birch-Hirschfeld have found that structural changes in the placental tissue, such as hæmorrhages, favor the transmission of bacteria to the foetus.

**New Variety of Tropho-Neurosis of the Skin.**—M. M. Hallopeau and Larat (*La Semaine Médicale*), describe a condition of the skin characterized by dyschromia and lichenoid eruption. Reference is made to the various dyschromias due to nervous origin which have been described by authors, and to the concomitant phenomena, consisting of disturbances of sensibility and of the vascular system, and disorders of secretions; to which may be added, as shown by a case of the author's, impaired nutrition of the hairs. A case recently observed shows that lichenoid papules may also be produced by the same causes. They make a résumé of their observations as follows: There exists a dermatosis characterized by achromatic patches surrounded by a papular border and by increased pigmentation. This dermatosis is probably a cutaneous manifestation of hysteria. The papules, lichenoid in kind, may be of a tropho-neurotic origin. They are not necessarily akin to pruritus. Cutaneous electrization in the form of bath, with the faradic current, seems to be indicated.

**The Pathology of Addison's Disease.**—In respect to the phenomena of Addison's disease and their interpretation the pendulum of pathological opinion is constantly changing its position (*Lancet*). Broadly stated, there are two main views of its pathogeny—the one which refers the symptoms to chemical changes, and the other which claims that they may all be explained by nervous disturbance. Although it is clearly wrong to single out from all its symptoms the fact of abnormal pigmentation alone, yet, as that is the most obvious and easily noted in experimental researches, most stress has been laid upon it. As regards the single feature of the affection, the explanation has been offered, on the one hand, of its being due to retention in the blood of products which the healthy suprarenals destroy, thus establishing a sort of parallelism between this disease and myxœdema; there is, on the other hand, no inconsiderable support to the view that pigmentation is under direct nervous control. This latter view is fully stated by Professor Raymond in a recent paper, based on a case of lymphadenoma associated with marked melanoderma, but where the suprarenals were unaltered;

whilst the great abdominal ganglia were seriously encroached upon by chronic inflammatory changes. Professor Raymond believes that in the cutis there are chromatophorous cells which, like those in the frog and chameleon, are under direct nervous control; and that they yield an excess of pigment to the Malpighian layer under certain conditions of nerve disorder. Pathological records afford many facts in support of this contention, and we need dwell no further upon it. Quite recently, however, some important researches upon the normal suprarenals, and the urine in Addison's disease have come to the support of the chemical or humoral doctrine.

**Congenital Absence of the Penis.**—Räuber (*Virchow's Archiv*) came upon this case by accident, the patient æt. thirty-eight, being at the time under treatment for an internal complaint. The testes were normal, the spermatic cords could be followed up to the inguinal canal, the urethra opened in the anterior wall of the rectum. The irritation of the urine was the cause of frequent burning sensation in the bowel. In other respects the patient was normal, and of masculine appearance. At times he experienced sexual excitement, followed by a tickling sensation in the rectum, accompanied by *ejaculatio seminis*.

**Treatment of Eczema of Childhood.**—Saalfeld recommends the following application (*Nat. Drug.*):

R	Acid boric.....	3jss.
	Zinc oxid.....	℥iv.
	Amyli.....	3j.
	Vaselini.....	3j.

M.

Reduce the solid ingredients to an impalpable powder, and mix with the vaselin to form a pomade.

Soften the crusts by soaking in sweet oil, and when they are removed cover the parts with the pomade. Give codliver oil internally.

**Rectal Gonorrhœa.**—The literature on the subject of rectal gonorrhœa is very meagre (*Med. and Surg. Rep.*). The first mention of this variety of gonorrhœal infection we find in French writings. In 1879, Hecker, of Paris, spoke of having observed a putrid discharge from the rectum of men and women who indulged in *coitus præternaturalis*, which resisted all treatment. Rollet, in 1868, reported the case of a

woman who in order to assist defæcation had inserted her finger into the rectum, and in this way carried the infection from the urethra, at which time she was suffering from gonorrhœa.

Rectal gonorrhœa in the male, according to the majority of French writers, occurs principally among those who submit to rectal coitus, especially boys who are used for pæderastic purposes. In the female it frequently results from self-infection; since the gonorrhœal secretion runs down between the labia and so reaches the anal opening.

O-D.

### Excerpts from Russian and Polish Literature.

On the Action of Tepid Saline Baths in Pulmonary Tuberculosis.—Dr. Alexandr T. Sevastianoff, of Professor I. T. Tchüdnovsky's clinic (*St. Petersburg Inaugural Dissertation*, Series 1891-92, No. 29, p. 63), has carried out six experiments on as many phthisical men, aged from twenty-six to forty-four, of whom two had cavities in the lungs. In each case the observations lasted for twelve successive days, being divided into three equally long stages, during the middle of which the patient was receiving a one-per-cent. saline (two kilogrammes of kitchen salt to eighteen pailfuls of water) bath once daily, between five and six P. M. The bath was invariably of one-half hour duration, the temperature being always 35° C. The dietary consisted of bread, milk, butcher's meat, rice, vegetables, tea and water, everything *ad lib*. Of drugs only Dover's powder was used in all cases, the daily dose varying from five to ten grains. The outcome of the research may be summed up as follows:

1°. Under the influence of the baths the assimilation of food nitrogen invariably increases, the improvement frequently (in three out of six cases) persisting in the after-period.

2°. The nitrogenous metamorphosis quantitatively improves, but qualitatively is lowered (in other words, the proportion of undeoxidized nitrogenous substances in the urine augmented).

3°. The bodily weight mostly (in four out of six cases)

sinks, the loss averaging 470 grammes (for the whole bath period) sometimes (two cases), however, it may increase.

4°. Cutaneous and pulmonary ( $N_2O$  and  $CO_2$ ) losses are usually (in four out of six cases) augmented, but in some patients (two) are diminished.

5°. The daily amount of the urine commonly (four cases) increases, but sometimes (two) decreases. In the latter case the sp. gr. of the secretion rises.

6°. The axillary temperature either rises (up to  $0.85^\circ C.$ ) or remains unaltered.

7°. The patient's sleep improves.

8°. The appetite mostly (five cases) lessens.

9°. The baths do not appear to exercise any influence on night-sweats.

10°. In two out of the six cases the patient's general condition grew worse during the experiment, the aggravation being caused by a further spread of the pulmonary process; in one case a slight blood-spitting occurred after a second bath; one patient was complaining of a slight malaise during the bath-period; one somewhat improved, while in the sixth no changes whatever could be noticed.

11°. On the whole, the Saline baths hardly can be expected to produce a beneficial action on phthisical persons. On the contrary, they can actually prove harmful under certain conditions, and before all in exhausted patients with profound pulmonary lesions.

12°. Hence, in any case given in which the practitioner is about to order the bath, the patient's lungs should be previously examined. Be any suspicion concerning pulmonary tuberculosis present, it is advisable to abstain from the administration of the baths.

Continuing the inquiry into the subject, Dr. Vasily V. Belysheff, of the same eminent clinic (*St. Petersburg Inaugural Dissertation*, 1892, No. 50, pp. 59), has made another series of ten experiments on nine phthisical men, aged from twenty-three to thirty-five, the technical details being identical in all essential features. Nevertheless, the author's conclusions seriously differ from his predecessor's in more than one important particular. They may be condensed thus:

1°. Immediately after a bath the axillary temperature sinks about  $0.13^\circ C.$  During the bath period the morning



temperature is generally slightly (0.28° C.) higher in comparison with the preceding stage, while the evening one does not show any changes. During the after period both the morning and evening temperature remains somewhat elevated.

2°. Immediately after a bath the pulse's frequency diminishes from two to twenty-four beats (on an average, 3.7) per one minute. During the bath period the pulse is a little (1.7 beat per one minute) slower than in the initial control stage, while during the terminal one the frequency increases 0.6 beat per one minute.

3°. Immediately after the bath the arterial tension rises about 7.95 millimetres. It remains slightly (two millim.) elevated during the whole bath period, and reaches a still higher level (6.2 millim.) during the subsequent one.

4°. The respiration becomes somewhat (from two to six excursions per one minute) slower just after a bath, but otherwise it proves to be slightly accelerated during the bath days, while during the last period it is comparatively retarded.

5°. The pulmonary capacity as well as the energy of inspirations and expirations are markedly augmented during the bath period and still more so during the subsequent one.

6°. The manual muscular strength (as tested by a dynamometer) increases.

7°. During the bath stage the bodily weight either sinks from 125 to 500 grammes (six cases), or increases from twenty-five to 688 (four cases). During the subsequent period it either increases from 113 to 1540 grammes (six cases), or sinks from 219 to 2322 (four cases).

8°. Cutaneous and pulmonary losses are augmented during the bath days, and lessened during the after period.

9°. The daily quantity of sputa decreases.

10°. Cutaneous sensibility temporarily increases immediately after a bath.

11°. The patient's subjective state, appetite and sleep improve.

12°. Night sweats subside to a certain degree.

13°. There can be no doubt whatever that tepid saline baths of a short duration produce beneficial effects in cases of incipient pulmonary tuberculosis.

14°. The baths afford an efficacious means for increasing the pulmonary vital capacity and respiratory energy in phthisical patients.

**Bromide of Ethyl.**—In the *Nowiny Lekarskie*, June 1892, p. 276, Dr. Roman Baracz (pron. Barantch; a Polish name), of Lvov, Austrian Galicia, details his experience of bromide of Ethyl as a surgical anæsthetic (*Cft.* THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL, June 1891, p. 373) which he tried in 200 cases of minor operations, the list including extraction of teeth, incisions into abscesses of various description, excision of tumors (atheroma, fibroma, osteoma, dermoids, etc.), scraping out tuberculous bones, circumcision, resection of ribs (in empyema), removal of foreign bodies, etc., etc. The age of the patients, of whom a majority were women, oscillated between nine and forty-five years. Merck's or Gehe's *æther Bromatus purissimus* was the preparation employed. According to the duration of the operation, the dose varied from ten to fifteen grammes in children, and from fourteen to thirty in adults. An Esmarch's mask, covered with a thick flannel, was always used. The author has arrived at the following conclusions:

1°. Bromide of ethyl affords a very valuable anæsthetic agent in properly selected cases.

2°. The drug can be used in out-door practice. Its administration is very simple and easy, neither any special apparatus, nor skilled assistance being required.

3°. A complete anæsthesia ensues within fifty seconds and lasts from two to five minutes (according to the amount inhaled). The initial stage of excitement, which is invariably present in cases of a chloroform anæsthesia, occurs exceedingly seldom.

4°. The pulse and respiration remain unchanged. Cyanosis is observed only in exceptional cases, and then never attains any intense degree.

5°. A consecutive vomiting is also extremely rare. It may occur mainly in children operated upon after a substantial meal, and can be easily prevented by undertaking operation on fasting patients (in the forenoon).

6°. On the whole, the drug in the said doses is safe.

7°. It is, in addition, comparatively cheap.

8°. The bromide of ethyl anæsthesia is indicated in all operations lasting not longer than from two to five minutes.

9°. It is contraindicated in *a*, all operations lasting longer than five minutes; *b*, in cases of reduction of luxations or

fractures (in view of the fact that the bromide does not induce any muscular relaxation); *c*, in habitual potators; *d*, in patients with organic cardiac, pulmonary or renal disease.

**On Serious Reflex Disturbances due to Ascarids.**—In the *Vratch*, No. 23, p. 573, Dr. Vladimir F. Büshüieff, house-surgeon to the Kiev Military Hospital, relates the following most instructive case. A soldier was admitted with enteric fever on the tenth day of the symptoms. The disease was of a very mild variety and ran its usual course until the seventeenth day (of the fever) when there suddenly commenced to occur attacks of unconsciousness with cyanosis, a complete failure of the cardiac and respiratory action, and involuntary micturition and defecation, while after the restoration of consciousness there appeared vomiting, profuse perspiration, and an exceedingly irregular action of the heart ("cardiac delirium"). The fits recurred several times daily, lasting on each occasion for five or six minutes and requiring most energetic measures (artificial respiration, etc.). On the fourth day the patient died during a paroxysm of the kind. The *post-mortem* examination revealed intense congestion of the cerebral meninges, as well as of the lungs, spleen, liver and kidneys. The heart was flabby, the right ventricle dilated. The serous coat of the jejunum was intensely congested. The lower portion of the ilium presented five or six small-sized and shallow ulcers in the stage of healing. The jejunum contained two live round worms. Analysing his case, the writer comes to the conclusion that 1°. the patient's death was caused by paralysis of the heart and respiration; 2°. the paralysis was due to irritation of the intestinal branches of the vagi by the ascarides; 3°. the fits were similarly caused by the intestinal irritation; 4°. the development of the phenomena was favored by an exaggerated nervous excitability in a typhoid patient, as well as morbid changes in the vagi, and nervo-muscular apparatus of the heart peculiar to the disease in question; 5°. the patient's life could be saved by timely adopting an anthelmintic treatment.

Referring to Dr. Büshüieff's paper, Dr. Bükoiemsky, of Tarantcha, writes (*Vratch*, No. 27, 1892, p. 676), that in 1888, during a local epidemic of typhoid fever (attacking 150 adults, and fifty children), he came across fourteen infantile cases, in which the disease was compli-

cated by the occurrence of sudden attacks of stupor with profound cardiac and respiratory failure. In all of them ascarides were found. One of the cases (that of a girl, ten years old) where no anthelmintic measures had been resorted to ended in death from cardiac and respiratory paralysis during a fit. In the remaining thirteen cases santonate of sodium, from two to six grains, and calomel, from one-half to two grains, with good portwine were given every two hours. In all, after two or three doses, numerous ascarides were discharged after which the fits ceased, and typhoid fever assumed a very mild course, to speedily end in a complete recovery. Since then the author adopted the rule to commence the treatment of any acute disease in children with the anthelmintic measures stated above. The results were as satisfactory as in the thirteen cases of typhoid. According to the author's experience, the intestinal parasites are met with exceedingly frequently—more especially so amongst rustic children who live in abominable hygienic conditions and drink an unfiltered water; as many as seventy-five per cent. of the children are said to be infected with round worms and their ova.

[Drs. Beaven Rake and Parfianovitch have published a few years ago, cases of sudden death from ascarides; *vide* the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, January, 1890, p. 26, and July, p. 50). Professor V. A. Manassein, of St. Petersburg, has many times emphasized (*cft.* the *Provincial Medical Journal*, August, 1890, p. 497), that 1°. various intestinal worms represent an exceedingly frequent occurrence; 2°. they may sometimes give rise to serious disturbances of various description; 3°. hence, every conscientious practitioner should microscopically examine the patient's fæces in every case coming under his or her observation (in order to search for ova). The reporter perhaps will be allowed to repeat (*cft.* the *Provincial Medical Journal*, August, 1892), the proposition that there can be no doubt whatever "that a universal adoption of the practice would lead to many a substantial improvement in our knowledge in the domain of symptomatology, pathology, and treatment of diseases."—*Reporter*].

Berne, Switzerland.

VALERIUS IDELSON, M. D.

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Newcastle-upon-Tyne has been chosen as the meeting place of the British Medical Association for 1893.

## Medical Progress.

### THERAPEUTICS.

#### Fonssagrives' Tonic Wine.—

℞ Extract of cinchona.....	6 parts.
Tincture of nux vomica.....	2 parts.
Bordeaux wine (claret).....	450 parts.
Syrup of bitter orange peel.....	90 parts.

Mix.

**Extempore Glycerin Suppositories.**—H. Romer, in the *Bulletin de Pharmacie* gives the following:

Anhydrous sodium carbonate.....	1 part.
Stearin, rasped fine.....	2 parts.
Alcohol.....	15 parts.
Glycerin, q. s. to make.....	60 parts.

Mix the sodium carbonate and stearin, and pour the alcohol over the mixture. Heat in the water-bath to drive off the alcohol, and add the glycerin. Continue the heat until a limpid solution is obtained, then pour into moulds set in ice. The whole operation takes about thirty minutes.

**Treatment of Small-pox by Means of Darkness.**—Seven years ago Gallavardin drew attention to a plan of treatment for small-pox, originally suggested and carried out by John of Gaddesden and Waters. The treatment consisted in keeping the patients absolutely away from all solar light. The solar darkness had to be complete and uninterrupted, otherwise no beneficial results were obtained. The same writer now (*Lyon Médical*) gives the result of his experience since 1876, and finds that if this treatment be carried out, the disease presents no period of suppuration, and that in consequence the subsequent scarring is infinitesimal.

**Hydrastinin in Epilepsy.**—V. G. Kiseleff (*Vratch*), experimenting on dogs and guinea-pigs, has found that intravenous injections of hydrastinin (see *Epitome*, April 23, 1892, p. 66, and May 28, p. 87), even in small doses (0.04 gramme per one kilogramme in dogs), distinctly lowered the excitability of the brain cortex, and mitigated or prevented epileptic fits induced by absinthe. The observations induced him to try

hydrastinin in six cases of epilepsy. It was given internally, in an aqueous solution, from one-fifth to one-half grain *pro-dosi*, up to one or two grains a day. In four patients, in two or three weeks the fits decreased both in frequency and intensity, while in the remaining two the treatment was less efficacious. No unpleasant accessory effects were noticed. F. Kh. Gadziacki also employed hydrastinin in a case of epilepsy, but without result. The hydrastinin treatment of epilepsy, as well as of hydrophobia and strychnine poisoning, was first suggested by P. I. Arkhangelsky (*St. Petersburg Inaugural Dissertation*, 1891, No. 59), whose experiments on animals showed that the alkaloid ( $C_{11}H_{13}NO_8$ ) possessed powerful antispasmodic properties.

**Phenocollum Hydrochloricum.**—Balzer (*Therap Monatsch.*) relates his investigation with this drug in the case of thirty patients in Eichhorst's clinic. There were no ill effects from it, even in doses of four to six g. in the day, except in two cases, where it produced some cyanosis, but without any threatening symptoms. In doses of one g. it acted as a prompt antipyretic. It thus gave good results in fifteen cases—seven of enteric fever, four of phthisis, two of pneumonia, and one of erysipelas. In phthisis it produced much sweating, and was on this account not so useful. It is valuable as an anti-rheumatic, and it may take the place of the salicylates when the latter are contraindicated. In two cases of chronic rheumatism the result was negative, and in the cases of neuralgia it did not seem to have much effect. The excretion of nitrogen by the urine was proved to be increased.

**Antirabic Treatment by Means of a Non-virulent Injection.**—Poppi (*Gazz. degli Ospitali*) gives the results of some further experiments with regard to a new application of serum to the treatment of rabies. They are as follows:—(a) The serum of normal rabbits has no destroying effect on the virus of rabies *in vitro*, although Evangelista (*Epitome*, March 5, 1892, par. 220) found that this property was possessed by the serum of dogs and pigeons. (b) The serum from rabid animals sometimes destroyed the virulence of fresh rabid nervous tissue; sometimes it only diminished it, and at other times had no effect upon it. (c) The serum from animals previously submitted to antirabic treatment had a much more uniform destroying action on the virulence; this was more

marked in proportion to the amount of Pasteur's vaccine which had been first employed. (d) The serum of animals dead of rabies has no power to prevent the development of rabies in inoculated dogs, whether given subcutaneously or by intravenous injection. (e) An emulsion of fresh virulent nerve tissue made with the serum of an immunised animal is non-virulent, and has, besides, a distinctly favorable action when injected into inoculated animals. In fact, this method succeeded in the case of two rabbits and a dog, even when control animals, which received only serum from an immunised animal, succumbed to inoculation with the same virus.

**Vomiting in Chloroform Anæsthesia.**—Passet (*Muench. med. Woch.*) says that the chloroform vapor acting on the mucous membrane of the mouth produces a flow of saliva. This saliva is swallowed, and a certain part of the chloroform is thus conveyed into the stomach. The gastric mucous membrane is in this way irritated, and vomiting is set up. This increased flow of saliva at the beginning of the administration may be seen in animals, especially in cats, as well as in the human subject. For some time after the anæsthesia chloroform is exhaled with the breath, and even this may irritate the mucous membrane of the mouth in the same way, and with the same result. The action of chloroform upon the stomach varies in different individuals. The author adds that the only rational way of preventing the vomiting is to avoid the swallowing of chloroform, and that this may be done more easily than might appear by directing the patient to spit out the abundantly secreted saliva.

**Injections of Testicle Juice in Tuberculosis.**—Espagne and Pourquier (*Nouv. Montpellier Méd.*), have tried hypodermic injection of testicle juice in a case of pulmonary tuberculosis. The patient was a girl, aged nineteen, without known hereditary antecedents, but of lymphatic temperament. There was harsh breathing nearly all over the chest, and dry crackling at both apices, especially on the left side and at the back. The girl suffered from amenorrhœa and profuse night sweats, and was wasting steadily. The testicle juice was prepared as follows: fifty grammes of testicular substance (from a bull calf) were macerated for twenty-four hours in fifty grammes of sterilized glycerine. This preparation after filtration first through paper, and then through a Chamberland filter, gave a

clear liquid almost as transparent as distilled water. The injection of a Pravaz syringe of this liquid caused considerable pain, but was followed by a fall of temperature and reduction in the pulse rate. The authors, however, are doubtful whether a repetition of the injection will be permitted.

**Salophen.**—Frohlich (*Wien. med. Woch.*), says that in not one out of thirty cases of acute rheumatism did this remedy fail. The pain ceased in from three to four days, and the acute swelling disappeared in six to eight days. Large joint effusions were, however, not influenced. Salophen, like the other salicylic preparations, cannot prevent relapses. In two cases acute endocarditis appeared during the treatment. The author says that salophen is a prompt and efficient remedy in acute rheumatism, and is to be preferred to the salicylates because 1°. being decomposed in the intestine, it does not irritate the stomach; 2°. it can be given in large doses and for a long period without unpleasant effects; 3°. it is tasteless. In chronic rheumatism it is not nearly so efficient. In six cases only two were improved. Salophen has very little action as an antipyretic. In one out of three cases of cystitis it seemed to be useful. In only three cases were any unpleasant effects produced, and they were but slight.

**Exalgin.**—A. P. Morozoff, of Professor S. A. Popoff's laboratory (*Inaugural Dissertation*, St. Petersburg, 1892) has studied the physiological effects of exalgin on frogs and dogs, with the following results:—*a* Frogs. 1°. Doses under 0.002 g. have no effect whatever. A minimum lethal dose is about 0.018 g. 2°. Small and medium doses retard and large ones arrest respiration, the effect being dependent upon a direct action on the respiratory centres. 3°. The drug inhibits voluntary movements through its direct action on the brain. 4°. It weakens, and in large doses it totally inhibits reflexes through its action on the spinal cord and peripheral ends of the sensory nerves. 5°. Large doses retard, and 0.018 g. ones arrest, the heart's action, the drug inhibiting the neuromuscular cardiac apparatus. *b* Dogs. 1°. Internal doses under 0.002 g. per one kilo. of the animal's weight have no effect. In the dose of 0.01g. per kilo. exalgin causes very marked toxic symptoms. An intravenous injection of 0.2 per kilo. kills the animal. 2°. The drug quickens respiration by irritating the respiratory centre. 3°. It first retards and subse-



quently accelerates the heart's action through a direct influence on the cardiac ganglia. 4°. It causes temporary rise of arterial tension by stimulating the vasomotor centres. 5°. It acts on the whole central nervous system, the manifestations consisting in convulsions, vomiting, incontinence of urine and fæces, dilation of the pupils, etc. 6°. On subcutaneous injection—even in such small doses as 0.006 g.—it produces local anæsthesia, which is dependent on paralysis of the peripehral ends of sensory nerves. 7°. It gives rise to a temporary fall of temperature, amounting to 2° or 2.5° C., this being observed even after very small doses (0.002g. per kilo.). It results, probably, from a decrease in oxidation of the blood. 8°. The drug is very slightly antiseptic. The author believes that exalgin has some future as a nervine, but none as an antipyretic.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Auto-Infection in Cancer.**—O. Hamburger (*Med.-chir. Rundschau*, No. 12, 1892) reports the following case. A woman, aged fifty, had had a tumor on the left labium minus for two years, during which it had grown to a considerable size. Superficial ulceration then took place, very offensive pus being discharged. Soon after the growth began to ulcerate small warty excrescences appeared on the part of the right labium minus, which was in contact with the left. These warts soon ulcerated, and on removing the growths on both sides they were found to belong to the category of flat-celled epithelioma.

**Rumination in Man.**—Decker (*Munch. med. Woch.*) reports five such cases. Three of them occurred in men, and the two others in a mother and her child aged three and one-half years. The complaint was congenital in three of the cases. The author does not believe that rumination is due to any paralysis of the cardia, but that the latter opens at the time of each regurgitation. Only in one case was there any evidence of weakness of the cardia (as tested by inflation). Hyperacidity is only an accidental occurrence. In four of the five cases the gastric juice was normal. Rumination may occur with or without dyspepsia. Dilatation of the stomach was only present in one case. Decker would look upon this dilatation as the result and not the cause of the complaint. He thinks that too rapid and excessive eating with deficient chewing is the proximate cause; this was present in four fo

his cases. In addition there must be a neurotic predisposition. In four of the five cases rumination is to be regarded as a reflex neurosis. The other case occurring in a neurasthenical patient the author would look upon as a central affection. In a comparison between eructation and rumination it is pointed out that in the former there is only a slight contraction of the stomach, whereas in the latter the stomach contracts energetically as well as the diaphragm and abdominal muscles.

**Growth of Bacteria upon Acid Media.**—Schlüte (*Centralbl. f. Bakt.*) states, as a result of his experiments, that very many bacteria grow (some of them very well) upon media with a distinctly acid reaction. Amongst these are the various forms of staphylococcus, Friedländers bacillus, and the bacilli of chicken cholera, typhoid and anthrax. Out of a number (thirteen) of pathogenic and saprophytic organisms experimented with, the streptococcus of erysipelas was the only one which would not grow upon any of the acid media employed. Lactic, acetic, and hydrochloric were amongst the acids used; one of these was added to ordinary nutrient gelatine. Beyond a certain limit of acidity—which varies much for different bacteria—growth will not proceed.

**Pancreatic Cysts.**—Krecke (*Munch. med. Woch.*) gives a summary based on published cases. Traumatism is the only cause established with certainty, but its mode of action is not very clear. A certain significance must apparently be attributed to gastro-intestinal catarrh spreading to the duct and causing obstruction. The exact position of the tumor depends on the part of the pancreas involved. It is a retro-peritoneal fluctuating tumor, coming forward generally between the stomach and transverse colon, and surrounded in a characteristic fashion by tympanitic resonance. Sometimes it may present above the stomach or below the colon; in the first instance the dullness would be continuous with that of the liver. Its contents are alkaline, dark brown in color, and possessing the digestive properties of pancreatic fluid. Exploratory puncture is rarely necessary, and is not without risk. The symptoms are chiefly due to the pressure of the tumor, and also in less degree to the absence of the pancreatic juice. The attacks of colic are perhaps due to pressure on the celiac plexus. Jaundice may be caused by pressure on the common

bile duct. Wasting is very common. The duration of pancreatic cysts has been known to be very prolonged. Their size depends on their age. Very large cysts may give rise to much difficulty in diagnosis. These cysts must be distinguished from ovarian and also renal tumors, from hydrops of the gall bladder with attacks of colic, as well as from aneurysm and deep-seated suppuration. The results of treatment by incision and drainage have been very good. A fistula occasionally remains, but this may subsequently heal up. Out of twenty-seven cases thus treated, all recovered; three died some time later of diabetes, phthisis, and intestinal obstruction respectively. Extirpation of the cyst would appear to be accompanied by very considerable risk, for out of six such cases three died.

**The Diagnosis of Glanders.**—Nocard, of Alfort, has obtained from cultures of the bacillus mallei a liquid which, when concentrated and filtered, closely resembles tuberculin in character; and has apparently a specific action on the lesions of glanders (*Soc. Centrale de Méd. Vétérinaire.*) Two Russians, Colning and Hellmann, had already found that when extracts of cultures of the bacillus mallei were injected into horses suffering from glanders an acute febrile reaction was set up, but that healthy horses were generally almost unaffected by such injections. Nocard's method of experimenting is as follows: By successive passages through animals the virulence of the bacillus is first increased so that it will kill a rabbit or white mouse—both usually resistant—in less than thirty hours. This highly virulent bacillus is then grown in a peptone-glycerine broth for a month, at a temperature of 35° C. The culture is next sterilized at 110° C., filtered, and concentrated *in vacuo* to one-tenth of its original bulk. The resulting liquid is "malleine," and contains about fifty per cent. of glycerine. Before injection it is diluted with ten times its volume of five per cent. solution of carbolic acid. A large dose—five to one c. c. of the original liquid, diluted as above—injected into a healthy horse, produces some local swelling, accompanied by an intense febrile reaction, beginning about eight hours after the injection and lasting for from twelve to fifteen hours. If 0.25 c. c. only be injected there is no reaction, either local or general. On the other hand, if this dose be injected into a horse affected with glanders, an intense

reaction is produced; an immense swelling appears at the seat of injection, the animal becomes extremely ill, its respiration quickens, it shivers in every limb, and its temperature rises rapidly— $2^{\circ}$  and even  $3^{\circ}$  or more. The maximum is reached at about the tenth hour, but the temperature remains high for from one to two days. Nocard has tried the effects of malleine on forty-eight suspected horses; of these, thirty-four gave the violent reaction above described, and were undoubtedly affected with glanders. Of the remaining fourteen, eight showed no reaction—they afterwards proved to be healthy; the other six had a rise of temperature of from  $1^{\circ}$  to  $1.8^{\circ}$ , and, although not affected with glanders, were found to have either enlarged lymphatic glands or chronic pulmonary lesions, which may have accounted for the incomplete reaction. Nocard concludes that:  $1^{\circ}$ . If the injection produces a rise of temperature equal to or exceeding  $2^{\circ}$ , the animal is certainly affected with glanders;  $2^{\circ}$ . If the temperature either does not rise at all, or rises less than  $1^{\circ}$ , the animal is not glandered;  $3^{\circ}$ . If the temperature rises between  $1^{\circ}$  and  $2^{\circ}$ , the animal, though not certainly glandered, should be regarded as suspect.

**A Case of Cocainism.**—Percy Smith records (*Journ. Mental Science*,) the case of a nurse, aged thirty-nine, who entered Bethlem Hospital as a volunteer boarder for the cocaine habit. She was a German by birth, and had previously been addicted to the use of morphine and laudanum, and her mother had been the victim of the morphine habit. She had commenced to take cocaine about eight months previously, and had gradually increased the dose until ten grains was her usual quantity, though she occasionally took twenty-four and even thirty-six grains at a single dose. For the first six hours after a dose of ten grains she felt more able and inclined for work whilst sitting, but she could not go about, as it produced a feeling of weakness; at the end of that time she would be disinclined to do anything and would lie down, but could not sleep; about a quarter of an hour after a dose she usually suffered from vertigo for an hour and from palpitation for some hours; she also had great dryness of the mouth, thirst and anorexia. After a large dose there was difficulty in swallowing. She had hallucinations, and imagined she saw people and heard them talking to her, and used to carry on conversations with them although she knew that they were hallucinations. The hal-

lucinations soon disappeared after her admission, and after four months, including a stay at the country convalescent home, she left apparently well, and two months later reported herself as quite well.

**Objective Modes of Testing Sensibility in Traumatic Neurosis.**—Goldscheider (*Neurol. Centrabl.*) maintains that in cases presenting local or general hyperæsthesia, the perception of thermal stimuli is also involved. His researches have further shown him that the method of estimating the topographical temperature sense, devised by him a few years since, is an adequate gauge by which the truth of a patient's statements regarding the existence of anæsthesia can be determined, consequently it is specially useful in traumatic neurosis or hysteria. For deciding between actual and feigned analgesia or hypalgesia he recommends the following plan. A large metal plate is used as the indifferent electrode, the other electrode is a long wire brush connected with the cathode of the opening induced current, and is placed in such a manner that half the length of the brush rests on the unaffected skin, the remainder on the part said to be numbed. The secondary coil is then adjusted until pain is obviously produced. While continuing this current the electrode is slightly raised from the normal side without letting the patient recognize the manœuvre; cessation of pain necessarily results if the skin remaining in contact with the electrode be analgesic.

#### DISEASES OF WOMEN AND CHILDREN.

**Placenta Prævia: Suppuration of the Symphysis Pubis: Recovery.**—Lennander (*Centralbl. f. Gynäk.*) read this case before the Medical Society of Upsala. The patient had already borne two strong children, the labors being natural. Placenta prævia lateralis was diagnosed. When the os was well dilated and the membranes still unruptured, one foot was seized and turning performed. Delivery of the arms was difficult and the right clavicle was fractured. The head was easily extracted. The child, born asphyxiated, was soon revived; it weighed over seven and one half lbs. The mother became feverish directly after delivery, the temperature rising to 105.5°. Three weeks later a large abscess, which pointed below the left glutæus maximus was observed. Eight days later a still larger abscess over the symphysis was laid

open. The ossa pubis lay wide apart, and necrosed sequestra, bony and cartilaginous, were removed. Three months after delivery the patient was discharged cured. A year later the patient was in good health. The symphysis was firmly united; she could get on to a chair and jump off it without pain or difficulty.

**Vaginal Extirpation of Cancerous Uterus.**—Schopf (*Wiener klin. Wochenschr.*) describes a case where the uterus was removed for cancer localized to the fundus in a woman, aged fifty-two. As the uterus was very big, lateral incisions were made in the vulva. Three months after the operation cancerous nodules were found in the scars of the wounds made in the vulva, whilst the fornix remained free from disease. Four months later the patient died of cancer of the left lobe of the liver. Schopf believes that the vulvar wounds were directly infected by the cancerous mass during its extraction at the operation.

**Post-Mortem Delivery: "Coffin Birth."**—Bleisch (*Centralblatt für Gynäk.*), recently communicated to the Upper Silesian Medical Association a case of expulsion of the foetus after the dead parent was placed in her coffin (*Sargegeburt*). The uterus was both prolapsed and inverted. To settle whether this displacement occurred before or after the death is most important, medico-legally speaking; in this case the question remained apparently unsettled. Bleisch seems to believe that *post-mortem* delivery could only be explained by action of gases produced by decomposition. Nevertheless, it seemed probable that delivery might be completed by *post-mortem* uterine contraction, which was always tonic. This phenomenon has been proved experimentally by several authorities.

**Total Removal of Uterus for Myoma.**—Péan (*Gazette des Hôpitaux*), claims to have greatly improved upon the ordinary operations for large uterine fibroids. He removes tumor and uterus by a mixed abdominal and vaginal operation. An abdominal incision is made, the tumor extracted, and its pedicle secured by a loop of metal as low down as possible. The tumor is then cut away. The abdominal wound is closed, and the operator removes the pedicle and cervix uteri by section through the vagina. The broad ligaments are secured

by pressure forceps, as in his operation for the removal of small or medium tumors through the vagina. This method obviates all the disadvantages of the older abdominal operation, where a pedicle is left, which partly sloughs and at length sinks deeply into the pelvis.

**Broad Ligament Fibroids.**—Gross, of Nancy, (*Sem. Méd.*) finds that myomata of the broad ligament, physically and clinically unconnected with the uterus, have undoubtedly been observed. It is, however, impossible to insist that they did not originally arise from uterine tissue. Of necessity they are nearly always sessile, only five authentic cases of pedunculated broad ligament fibroids have been described. A sixth case has occurred in Gross's own practice. He recently removed a pedunculated tumor of the right broad ligament, weighing five pounds and seven ounces. A growth of this class is hard to diagnose from a solid ovarian tumor. Surgically speaking, it may be treated as any other pedunculated tumor, such as an ovarian cyst or a subperitoneal fibroid.

**Tuberculosis of the Larynx in Children.**—A. F. Plique (*Ann. des Mal. de l'Oreille*) remarks on the small number of clinical observations published, and refers to Rheindorff's memoir (*Jahrb. f. Kinderheilkunde*, 1891, vol. 33) where only twenty cases could be collected from the whole literature. Pathological investigations show a somewhat greater frequency, and probably for the reason that during life the laryngeal affection is a minor epiphenomenon added to the generalised tuberculosis; whereas, in adults, it may be the chief or even the only manifestation of the disease. The symptoms seldom present themselves till the tuberculous disease is far advanced. Hoarseness is the only common one. Pain is three times rarer, and painful dysphagia has not been recorded. The cough is not characteristic. Dyspnoea, strange to say, is of the rarest occurrence. Laryngoscopic examination is most difficult, but may show "the mucous membrane red, injected, striated, with prominent vesicles, or dotted with red patches; the vocal cords may be covered with muco-pus, swollen, eroded." The muscles of the larynx act feebly. The ulcers may be punched-out, rounded, and pale. A proliferative type (*forme végétante*) is described from pathological observation as occurring, but very rarely. The chief difficulty is the diagnosis from hereditary syphilis, or its combin-

ation with tubercle. Lupus is much more rare, has a slower course, with a different general state. The prognosis is one of speedy fatal termination, not from the laryngeal disease, but from the advanced state of general tuberculosis which in children, it implies. Barthez and Sanne recommend curetage, galvano-cauterisation, lactic acid application, and insufflation of iodoform, if the patient is not too exhausted, in which case local treatment may be limited to the occasional application of cocaine.

#### SURGERY.

**The Operative Treatment of Intussusception.**—Hutchinson (*Arch. of Surgery*), says that the rule of practice in the early stages of intussusception ought to be invariably to try insufflation and injection, and it is only when they have failed that laparotomy ought to be thought of; they are not without risk, and must be tried with judgment and caution. There is no reason for preferring insufflation to the injection of water; for the latter he prefers hydrostatic pressure to the use of a syringe. In infants under two years of age laparotomy is so uniformly fatal that it should not be resorted to. Above that age, if injection has failed, a prompt resort to laparotomy should be recommended. It is desirable that this should be done early before the serous surfaces have become adherent. In the operation the chief difficulty is in releasing the incarcerated part. This is best done by pressure from below, not by traction from above. The older the patient the slower will be the progress of symptoms, and the longer the period during which it is possible to effect relief by operation. In adults a successful operation is possible even after a very long interval.

**A Substitute for Decalcified Bone in Senn's Discs.**—Baracz (*Centralbl. fuer Chir.*) states that in experimenting with Senn's discs, the idea struck him that decalcified bone might be replaced by some other and more readily available material, which could be used by the practical surgeon without much preparation, and consequently with less trouble. After trials of numerous edible vegetables, such as potatoes, turnips, and carrots, from which sections of firm, flexible, and moist discs can be obtained, the author found that the most suitable substance for his purpose was afforded by the Swedish turnip. Sections of this vegetable, it is stated, form a reliable



material for use in gastro-enterostomy and in establishing intestinal anastomosis, and one which can be more readily obtained and prepared than decalcified bone. That sections of a fresh turnip present a trustworthy substitute for decalcified bone is shown by the results of the author's experiments on animals, and also the success of an operation for gastro-enterostomy which he performed on the human subject early in May. The results of this operation, which was performed for the relief of carcinoma of the pylorus, had, up to the date of the publication of this paper, been very favorable.

**Results of Operations for Rectal Carcinoma.**—Schmidt (*Berl. klin. Woch.*), discusses the present methods of dealing with rectal carcinoma, and points out that all the operative measures for resection of rectal carcinoma fall under two headings, the sacral method and the perineal method. He then gives the results obtained from both methods of treatment in Czerny's clinic. As a general rule, the death-rate in those operated on by the sacral method is greater, not on account of the severity of the operation, but because by this method many cases were treated which could not have been operated on by the perineal method, owing to the advanced state of the disease. In thirty-six patients operated upon by the sacral method, the mortality was seven, or 19.4 per cent.; out of thirty-two cases operated upon by the perineal method, the death-rate was one, or 3.1 per cent. Hence in sixty-eight operations for cancer of the rectum, the total mortality was eight. Out of fifty-nine radical operations, twenty-five died during the last six years; of twenty-eight still surviving, eighteen were operated on by the sacral method, and ten by the perineal method. Of twelve living two years after the operation, four showed a recurrence of the disease. The longest survival after operation was five years and nine months.

**Treatment of Fractured Patella.**—M. Berger exhibited at the Société de Chirurgie de Paris (*Sém. Méd.*) a patient upon whom he had practiced a new operation for the cure of fractured patella. The patient when first seen had a fracture of the patella into two fragments, the upper comprising four-fifths of the bone, and the lower one-fifth. He was then fitted with a plaster casing to the knee, and kept in bed with

the limb raised for forty days. At the end of this time there was no union of the fragments, although they were in good position. The following operation was performed:—The opposing surface of the fragments were freshened, and then a piece of silver wire was passed round the patella, by first passing it through the quadriceps extensor tendon at its insertion into the upper fragment, then along one side of the patella and through the upper part of the ligamentum patellæ when it was fixed to the lower fragment, and thence to the starting point. The two fragments were thus approximated, and the two ends of the wire fixed together. The periosteum was sutured over the line of fracture, and the overlying soft tissues approximated with structures. A plaster was then applied, the results were very good, and the movements of the knee-joint were perfectly re-established.

**Formation of an Articulated Stump in Amputation of the Forearm.**—The success recently attained by Esmarch in forming a movable and organic appendage to the stump of an amputated leg has led Albert (*Wien. med. Presse*), to offer the following suggestions with regard to amputation in the lower third of the forearm by interior and posterior flaps of skin. It is proposed that before division of the muscles, the tendons of the two radial extensors of the carpus, of the ulnar extensor, and of the two flexors of the carpus, be separated from their sheaths and the surrounding soft parts—their attachments to their corresponding muscles being left intact—and then divided as near as possible to their insertions. After division of the muscles and bones, and arrest of all bleeding, canals are drilled obliquely through the ends of the divided radius and ulna, into each of which canals is inserted the free end of each of the above-mentioned tendons. In this way each tendon is made to acquire a firm attachment to its corresponding bone. After the wound has healed, and the stump become quite sound, the author would endeavor to establish a freely movable false joint about a finger's breadth above the end of the two bones of the forearm, by resecting a portion of each. The patient when supplied with an artificial hand, would, it is stated, derive much advantage from the existence of this movable segment, which could be flexed and extended at will.

### Book Reviews.

**System of Practical Therapeutics.** Edited by HOBART AMORY HARE, M. D., assisted by WALTER CRYSTIE, M. D. In three volumes, royal 8 vo. [Philadelphia: Lea Bros. & Co., 1892.

The completion of this great work within a year of its inception is one of the triumphs of modern book-making, and is the result of a rare combination of promptitude on the part of the contributors, skill and knowledge on the part of the editors, and vast resources on the part of the publishers—a combination so remarkable that we may be excused for noting it at the very outset of our notice of the work.

The *System of Practical Therapeutics* was undertaken with the view of “providing the practitioner of medicine with reliable and helpful information concerning the best and most recent methods of curing disease.” To this end men eminent in every walk of the domain of practical therapeutics were invited to contribute, and in the three volumes we have the combined results of the labors of no less than eight men, many of whom are of world-wide reputation, whose names are the household words of medicine in every clime—J. Burney Yeo, Horatio Wood, T. Lauder Brunton, and others equally as famous, while all are recognized as authority upon the subject on which they write.

The first volume is devoted to general therapeutic considerations, prescription writing, remedial agents other than drugs, preventive medicine, diathetic diseases and diseases of nutrition. The first article, on general therapeutic considerations, is by the veteran Horatio C. Wood, than whom no man is more capable of giving instruction and giving it in such a way that it accomplishes great effects. The second, on prescription writing and the combination of drugs, is by Joseph P. Remington, and is really a practical treatise on what might be called medical pharmacy, or pharmacy for the use of the practitioner. It embraces tables of weights and measures, a glossary of medical terms and phrases, with the usual abbreviations of the same, methods of making preparations, with descriptions of the apparatus, used in the same, etc., the whole

concluding with a well digested chapter on prescriptions and prescription writing.

In the division on Remedial Measures other than Drugs, electro-therapeutics are discussed by Dr. A. D. Rockwell, so well known for his labors in this direction; the rest, cure for neurasthenia and hysteria, by Dr. John K. Mitchell; the Swedish movements and massage, by Benjamin Lee; general exercise, by E. M. Hartwell; climate, by S. E. Solly, and hydro-therapy and balneology, by Simon Baruch.

Preventive medicine, in the way of general sanitation, disinfection, antiseptis and asepsis, nutrition and foods, is treated of by such masters as Henry B. Baker, George M. Sterberg, J. W. White and J. Burney Yeo.

Under the general caption of Diathetic Diseases and Diseases of Nutrition, Solis-Cohen gives a chapter on tuberculosis, Walter Chrystie treats of scrofulosis and rachitis, James Stewart on rheumatism and gout, Jno. B. Hamilton on scurvy, and Frederick A. Packard on diabetes mellitus.

Volume II treats of the therapeutics of fevers, diseases of the respiratory tracts, circulatory system and hæmatopoietic system, and diseases of the digestive system. The first article is on syphilis, being the conclusion of the chapters on diathetic diseases and diseases of nutrition of the preceding volume. It is contributed by Robert W. Taylor, under the head of "fevers" the exanthemata (scarlet fever, measles, varicella, small-pox, typhoid and typhus) are treated of by J. Lewis Smith, Wm. M. Welch, Fred P. Henry, and Manuel Rodriguez. George Dock contributes the chapters on malarial diseases and dengue; Jerome Cochran, whose name has a national significance when yellow fever is named, writes of that disease, and finally J. C. Wilson treats of cerebro-spinal fever (meningitis).

Under the diseases of the respiratory tract we have chapters on the therapeutics of diseases of the nasal chambers, of the pharynx and larynx, diphtheria and true croup, asthma, bronchitis, whooping cough, pulmonary emphysema, abscess and gangrene, croupous and catarrhal pneumonia, and diseases of the pleura, by R. W. Seiss, Chas. E. Sajous, J. C. Cameron, James Whitaker, Howard Fussell, Edwin H. Graham and Rudolph Matas.

In the department of diseases of the circulatory system.

Dr. Lauder Brunton treats of nervous diseases of the heart; W. H. Thompson on acute and chronic heart diseases; F. B. Shattuck on diseases of the blood vessels and diseases of the blood. J. H. Musser gives chapters on the diseases of the liver, gall bladder, hepatic ducts, etc., while Richard C. Morris contributes a paper on the therapeutics of diseases of the thymus and thyroid glands and exophthalmic goitre.

The concluding section of volume II is devoted to the therapeutics of diseases of the digestive system and contains chapters by A. D. Blackader, D. D. Stewart, Frederick A. Packard, Edward Martin, Roswell Park and Charles B. Kelsey.

Volume III is devoted to the therapeutics of diseases of the skin (embracing disorders of secretion, new growths, inflammations, hypertrophies, and atrophies, neuroses and parasites of the skin), diseases of the nervous system, diseases of the genito urinary apparatus, diseases of the eye and of the ear. The writers as in all the preceding papers are representative and leading men in their various specialties, and their work is thorough and complete.

The books are profusely and excellently illustrated throughout with wood cuts and chromo plates. Many—in fact the majority of the cuts are entirely new, and all are clear, clean and well drawn.

Each volume has a separate index, which is full and accurate, as needs be the case when each embraces upwards of thirteen hundred pages of matter. The binding is substantial and elegant. The volumes are sold separately or together the price being \$5.00 for cloth and \$6.00 for leather binding, each.

**Annual of the Universal Medical Sciences.** A Yearly Report of the Progress of the General Sanitary Sciences throughout the world. Edited by CHARLES E. SAJOUS, M. D., and Seventy Associate Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. 5 large octavo volumes. [Philadelphia and London: The F. A. Davis Company, 1892. Price, cloth \$15.00; half morocco, \$20.00.

We have again received a copy of this monument to American enterprise and completeness of purpose. We are regaled once more by a conscientious compilation of the best medical

work and thought of the world which has found the light of day during the year 1891. The thoroughness and completeness of former years has not only been equalled; but, in our opinion, it has been surpassed. The steady improvement observed year by year has been kept up, and we can hardly understand how any intelligent, progressive physician can get along without this work, if there be any who does so. One of the notable improvements in this, the latest issue is that it appeared at an earlier date than any previous one and even this could have been surpassed had it not been for some unavoidable accidents which occurred.

Improvements have not been introduced, so far as novelties are concerned because, the editor states, no one could suggest any. We cannot very well see how the *Annual* could be improved upon. It is thorough and complete and it deserves great credit for one thing, viz.: it has, more than any other publication, made known and diffused the work done by Americans. These latter are not ignored for Europeans, but rather seem to be given the preference. This is as it should be, for it is time that American medicine be given the position it has earned, and this is not possible unless the outside world is acquainted with the work it has done.

As we understand it, some more work is to be done by Dr. Sajous to further this object. He is about to go to France for a prolonged stay and whilst there he intends completing arrangements to publish the *Annual* in French. This will open a great field for its extended usefulness and we have no doubt will increase its popularity. Another move contemplated will be to state, whenever possible, the residence of every author quoted. The wisdom of such an arrangement is self-evident.

But to return to the work before us. The abstracts are critical, each department being in charge of an expert in that department of medicine. As a result the condensation is not only intelligently made but is accompanied by a running comment in which the fruits of ripe experience may be found. In addition much original and hitherto unpublished matter is interpolated, making the reading not only interesting but instructive as well. Intubation, under the charge of Dr. Joseph O'Dwyer and balneo-therapeutics presided over by Dr. Simon Baruch, are features which have been added to this issue.

The index feature continues to be one of the leading ones. Each volume has its own index and the fifth contains the triple index which is so well known. Its thoroughness and completeness may be judged when we state that this last occupies seventy-seven pages of fine print. None but those who have constructed indexes know what this means and none but those who are constantly referring to books know what a thorough index is worth. On this account we desire to compliment Dr. D. Braden Kyle and Miss N. I. McCarthy, who have acquitted themselves of the task in a most admirable manner.

A general feature noticeable in this issue is that the general contents appeared to be more polished and finished in style. While thoroughness has not been sacrificed, it gives the impression that each one devoted more care to the dressing of the material entrusted to his charge. An effort has been made to elevate the literary style, and the effects of this endeavor are visible everywhere. The collaborators have become familiarized with their work and much of the time and attention formerly devoted to other matters has been utilized by using it where small faults existed, with the result of a general improvement.

When we contemplate this stupendous work, we cannot but congratulate Dr. Sajous upon the phenomenal success which has crowned his efforts. He has certainly succeeded in being the chief instrument in the successful building of one of the greatest monuments to American medicine. Mr. Davis, who so ably seconded him in the production, also deserves great praise for it rarely occurs that such a liberal, enterprising and courageous publisher can be found. If we are correctly informed, he has been well supported; but in our opinion the profession should be still more ready to encourage such liberality by buying a work which is of real benefit to each purchaser. We can heartily recommend the *Annual* to all, both young and old, general practitioners and specialists. It is an indispensable work, which once bought will always be wanted.

The typography is most excellent, the pictures are well printed and the colored plates are certainly the best that can be produced. The binding is elegant and durable and altogether the entire work is one which should grace the bookshelves of every physician who pretends to be intelligent

and who deserves to be successful. We can bespeak an increased number of sales over previous years, and we are free to say that too much success can never be achieved by the publisher, for he certainly deserves all that can be meted out to him.

**Treatise on Gynecology, Medical and Surgical.** By S. POZZI, M. D., Professor of the Faculty of Medicine, Paris, Surgeon to the Hôpital Lourcine—Pascal, etc. Translated from the French, by BROOKS H. WELLS, M. D., 2 volumes, royal 8 vo., with 474 engravings on wood and 15 full page plates in color. [New York: Wm. Wood & Co., 1892.

This work is the result of several years of practical experience of the author as chief of the hospital service at Lourcine, that great Parisian charity, devoted especially to the diseases of women, and where most of the material for the classic French works on gynecology was gathered. The author, Dr. Pozzi, is not only a great surgeon and a keen investigator, but through personal friendship he has been able to bring to his aid in the preparation of the work men of the greatest eminence in French science, as Cornil, in histology, Toupet, in anatomy, etc. Dr. Brouardel, dean of the faculty permitted him to conduct a free supplementary course of gynecology at the Faculté de Médecine and the present work is the outcome of these lectures.

As stated by the translator, Dr. Pozzi's treatise is undoubtedly the best work on gynecology that has been given to the world in any language, for many years. The cosmopolitan spirit of the author, shown in his exhaustive research into and judicious appreciation of the work of other nations, together with his keen and mature judgment in utilizing the material from his own rich clinical fields, make the book a clear and reliable guide to the best and most advanced practice in this specialty.

Concerning the especial features of the American edition we will again quote the translator: "But few changes," says he "have been made or thought necessary, the endeavor having been to follow the original as closely as possible." Certain cuts of specula, complicated examination tubes, etc., have been left out or replaced by others and a few new illustrations have been added. Six full page chromo-lithographic



plates have been inserted in the first volume and nine in the second. Some of these are new and some are from the *American Journal of Obstetrics*, and all are of high artistic quality.

The mechanical part of the work is in Messrs. Wood & Co's best style. The index is good and full, both volumes being indexed. The price of the book is \$5.00 for cloth and \$6.00 for leather binding, per volume.

**A New Pronouncing Dictionary of Medicine.** Being a Voluminous and Exhaustive Hand-Book of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, Etc. By JOHN M. KEATING, M. D., LL.D., and HENRY HAMILTON, with the Collaboration of J. CHALMERS D'ACOSTA, M. D., and FREDERICK A. PACKARD, M. D. With Appendix Containing Important Tables of Bacilli, Micrococci, Leucomaines, Ptomaines; Drugs and Materials used in Antiseptic Surgery; Poisons and their Antidotes; Weights and Measures; Thermometric Scales; New Official and Unofficial Drugs, Etc. 8vo., pp. 818. [Philadelphia: W. B. Saunders, 1892. Price, cloth, \$5.00 net; sheep, \$6.00.

A number of medical dictionaries have been placed upon the market within the past few years and the one before us, which is the latest, compares favorably with the best that have appeared so far. Great care has been taken in its construction and particular attention has been paid to the etymology and pronunciation of medical terms. This latter as given is the "English" method which is preferred by the majority, although not adopted universally, as yet.

The work does not pretend to be a complete dictionary by any means. It would require more than one volume like the present one to accomplish this. It is, however, a reliable guide to the definition of the majority of medical terms such as are found in current medical literature, including many of the later and as yet unfamiliar names applied to operations, diseases, etc. We miss a word here and there, which was certainly deserving a place in so good a work.

The appendix in this work is not the least valuable feature. In addition the various subjects given in the title we have some which are no less valuable and interesting, such as: the relations of the female pelvis and foetal head, illustrated; table

of cardiac murmurs; nerve-distribution, illustrated; table of cranial nerves; localization of the functions of the segments of the spinal cord; a posological table; a table of poisons, their action, antidotes, etc.; motorpoints; synonyms of diseases, etc., designated by proper names and a great deal more valuable information which is condensed in an intelligible style.

We are much pleased with our examination of the book and we have no doubt that it will meet with a ready sale and enjoy deserved popularity. The editors have certainly done work deserving of the highest praise and their efforts have been well seconded by the publisher, who has printed the matter in large, legible type, upon good paper of a generous weight. The binding is not only durable, but attractive, so that taken altogether it is a good example of what a work should be whose pages will be constantly consulted.

We can commend the work to all those in need of a medical dictionary that is up to the times; and, we can further assure them, that they will never regret the outlay of money thus invested.

**Outlines of Zoology.** By J. ARTHUR THOMPSON, M. A., F. R. S. E. Lecturer on Zoology in the School of Medicine, Edinburgh. 12mo. pp. 641. [New York: D. Appleton & Co., 1892. Price, \$2.50.

The author of this work has contrived to put into one small volume an amount of information out of all proportion to the size of the book and the modest claims with which he prefaces it. The teacher, the man whose instinct leads him to the best means of imparting what he knows to others shows through every page of it, and we can well believe the author when he says that the book is but a reproduction of manuscript notes which he had circulated in that form among his students. The style is, however, anything but pedagogical. It is smooth, elegant, graphic, and frequently invests otherwise dry details with interest.

The book is intended to serve as a manual which students of zoology can use in the class-room, museum and laboratory, and as such we sincerely recommend it as superior to any manual of the sort that we have ever come across since the publication of Milne-Edwards' text-book. It is substantially bound in cloth and costs \$2.50.

### Literary Notes.

The *Viz Medicatrix* has ceased to exist. The struggle wore out its young existence.

Dr. Eugene F. Storke has resigned the editorship of the *Medical Current*.

The *Medical Magazine* is the title of a new monthly published in London, by Southwood, Smith & Co.

The *Medical Pioneer* is a new journal published in London by the Council of the British Medical Temperance Association. It will be issued monthly at the low price of two-pence a number.

*Cardiac Outlines* is the title of a valuable little work which is intended to serve as an aid to clinical clerks and practitioners. This small duodecimo of 165 pages contains sixty-two illustrations by means of which any one endeavoring to make and keep notes on cases of cardiac disease will find the matter simplified in a wonderful degree. We can congratulate Dr. William Evart, the author, upon having produced such a compact and withal useful little work, whose value grows upon him who makes intelligent use of it. Its use will not only enable a physician to acquire the method of keeping full and accurate notes, but it will make him more careful in his observations and more particular in making his conclusions. Messrs. G. P. Putnam's Sons, of New York, have gotten up the book in unexceptionable style, as is their usual custom.

Bulletin No. 3, of the Harvard Medical School Association has just reached us. It is uniform in style with the former handsome issues of the preceeding Bulletins. The present one is a handsome octavo of 82 pages containing the report of the second annual meeting held in Boston, June 28, 1892. Besides containing a list of officers and the constitution, it gives a report of the annual business meeting and an account of the annual dinner. Upon this occasion a number of distinguished gentlemen devoted their remarks to higher medical education and more particularly to the four year term course adopted by Harvard. As is known Harvard has stepped to the fore-front in this movement and the alumni have con-

gratulated themselves upon this movement on the part of their *alma mater*. The Bulletin, as a whole, makes a very creditable showing.

Tri-State Medical Society of Alabama, Georgia and Tennessee, Proceedings. We are in receipt of an abstract of the proceedings of the Tri-States Medical Society which contains an abstract of all the papers read at the last meeting and the discussions thereon. The advantage of an abstract of this kind is that it is not necessary to read through all the papers to get the leading ideas advanced by the authors. It gives us pleasure to note the rapid progress made by this young and vigorous society. It is wielding a powerful influence for the good of ethical medicine in our South-land. Its members number many noted men of all sections.

We acknowledge the receipt also of the following reprints: "The Lacerated Cervix," "Bromide of Ethyl as an anaesthetic." "Should not Oculists be more careful in Prescribing Colored Glasses?" "Evolution from a Scientific Standpoint." Any of the above will be sent on application to the Secretary, Dr. Frank Trester Smith, Chattanooga, Tenn.

The next meeting will be held in Chattanooga, beginning October 25.

Essentials of Medical Diagnosis is the title of No. 17 of Saunders' Question Compends. The present number is more ambitious than previous issues being a duodecimo of 382 pages. Whilst in the form of questions and answers the former are so brief and the latter so full and explicit that it savors but little of the catechism. The Authors Drs. Solomon Solis-Cohen and Augustus A. Eshner have done their work well and thoroughly. The illustrations number fifty-five a number being colored. The work is brought up to date and one of the features is the space devoted to a description of the pathogenic micro-organism in different diseases. A good share of space is devoted to the chemical and microscopical examination of the urine. Of all of Saunders' Compends, so far issued, this is without doubt one of the best, if not the best. Its extremely low price, \$1.50 net, should certainly place it in the hands of a large number of students and practitioners who are just in need of such a handy and valuable as well as reliable remembrancer. The publisher W. B. Saunders' address is 913 Walnut street, Philadelphia.

**Books Received.**—The following books have been received, reviews of which will appear in due time.

**Annual of the Universal Medical Sciences.** A yearly report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Saious, M. D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. Five large Octavo Volumes. [Philadelphia and London: The F. A. Davis Company, 1892. Price, cloth, \$15.00; half morocco, \$20.00.]

**Cardiac Outlines for Clinical Clerks and Practitioners and First Principles in the Physical Examination of the Heart for the Beginner,** by William Ewart, M. D., Cantab., F. R. C. P., 12mo. pp. 165. With sixty-two Illustrations. [New York and London: G. P. Putnam's Sons, 1892.]

**Essentials of Diagnosis arranged in the Form of Questions and Answers prepared especially for Students in Medicine,** by Solomon Solis-Cohen, M. D., and Augustus A. Eshner, M. D., 2mo. pp. 382. Saunders' Question Compend No. 17. With fifty-five Illustrations, some of which are in colors, and a Frontispiece. [Philadelphia: W. B. Saunders, 1892. Price, \$1.50 net.]

**The Diseases of the Stomach,** by Dr. C. A. Ewald. Authorized Translation from the Second German Edition with Special Additions by the Author, by Morris Manges, A. M., M. D., 8vo. pp. 497. With thirty illustrations. [New York: D. Appleton & Company, 1892.]

**A New Pronouncing Dictionary of Medicine.** Being a Voluminous and Exhaustive Hand-Book of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, etc., by John M. Keating, M. D., LL. D., and Henry Hamilton, with the collaboration of J. Chalmers Da Costa, M. D., and Frederick A. Packard, M. D. With an appendix containing Important Tables of Bacilli, Micrococci, Leucomaines, Ptomaines; Drugs and Materials used in Antiseptic Surgery; Poisons and their Antidotes; Weights and Measures; Thermometric Scales; New Official and Unofficial Drugs, etc. Large 8vo. pp. 818. [Philadelphia: W. B. Saunders, 1892. Price, cloth, \$5.00 net; sheep, \$6.00 net.]

Book on the Physician Himself and Things that Concern his Reputation and Success, by D. W. Cathell, M. D. New Tenth Edition (Author's last Revision). Thoroughly revised, enlarged and rewritten. 8vo. pp. 348. [Philadelphia and London: The F. A. Davis Co., Publishers, 1892. Price, \$2.00 net.

Transactions of the Medical Society of the State of New York for the year 1892. 8vo. pp. 540. [Published by the Society, 1892.

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A Tall Story is told by the *Iowa Medical and Surgical Reporter* as follows: Six hundred and four physicians have their offices in the Venetian building in Chicago, and five hundred and seventy can be found in the Masonic Temple in the same city.

An Electric Finger.—It is said, says the *Times and Register*, that an electric finger for surgical uses has recently been invented. A bulb, attached to a long probe, is attached to a finger stall. The bulb is double and the outer skin is flexible. The two layers are connected with opposite poles of the battery, and wires connect the inner layer with the finger tip. Pressure at any point closes the circuit, and the electrical current is transmitted to a corresponding point on the finger. The surgeon has thus a means of feeling and measuring things which he can neither see nor reach by ordinary means.

Dr. William Nick Pindell died at Newark, N. J., early last month. He was overcome a week before by the heat. He was born in 1828. Dr. Pindell served under Robert E. Lee, then a Colonel in the United States Army, who commanded the marines sent against John Brown at Harper's Ferry. Dr. Pindell and Dr. Byrne were attending Brown, who was brought in wounded. Dr. Byrne was deaf, but Brown said to Dr. Pindell: "You'll not get any pay from me. If you bring my body, dead or alive, into Missouri you can get \$3,500 for it. I am John Brown."

Dr. Pindell reported to Colonel Lee, who doubted until Brown himself confessed. Dr. Pindell had Brown's revolver and other relics.

### In Memoriam.

WALTER COLES, M. D.

Walter Coles, the subject of the following brief account, was a practitioner of St. Louis who was known far and wide, and who had earned the esteem and respect of all as a physician and as a citizen. He was born in Goochland County, Virginia, February 25, 1839. He was prepared for college by being sent to private schools and to Edge Hill. His father then entered him at Princeton, New Jersey.

He entered Sidney College, at Hampden, Va., in 1855, and continued to attend this institution of learning until 1857, when he became a student at the far-famed University of Virginia during this and the succeeding year.

In 1858 he began the study of medicine in the University of New York, graduating in 1861. After graduation he served as house surgeon at Bellevue Hospital. The civil war had begun and he returned home, but not to stay. His sympathies were distinctly Southern, and he promptly offered his services to the Confederate States Army, in which he served as surgeon from 1861 to the close of the war in 1865.

Upon his return he resumed the practice of medicine, and it was not long before he was elected Professor of the Diseases of Women and Children in the Virginia Medical College. He soon began to have higher aspirations, and considered the West a better field for his growing abilities. This caused him to move to St. Louis, his future home, where his skill was soon recognized and attended by a corresponding degree of prosperity.

In this latter city, the home of Dr. Coles' adoption, he was honored by the medical profession in various ways. He was, for a short period of time, Professor of Psychology and Nervous Diseases in the St. Louis College of Physicians and Surgeons. When the Beaumont Hospital Medical College was organized, he occupied the chair of Obstetrics, which he resigned a short time before his death.

Among the positions to which he was elected were those of President of the St. Louis Obstetrical and Gynecological Society; Vice-President of the St. Louis Medical Society; and

President of the St. Louis Medical Society, which position he held at the time of his demise.

Some years ago he married Miss Lizzie Pendleton, of Lexington, Ky., by whom four children were borne. These all survive him to deplore the loss they sustained in his untimely death.

Taken all in all, Dr. Coles was no ordinary man. He was patient, kind, and courageous. He was endowed with more than ordinary intelligence, and was a man of strong convictions. He had a happy faculty of being able to make friends and to keep them. He was universally respected and esteemed. He was uniformly courteous and considerate, his aim ever having been to be a Virginia gentleman. Gifted with more than ordinary literary abilities and powers of observation, he made not only a good lecturer but an entertaining and instructive writer as well. His contributions to medical literature were numerous, nearly all being upon his favorite topics of gynecology and obstetrics.

The causes which led to the suicidal act which terminated his earthly career have not been fathomed. A state of melancholy seemed to have enveloped him with gloomy forebodings and his death was one of the most of unexpected events to his friends and family. On August 8, last, the terrible catastrophe occurred.

At a meeting of the St. Louis Medical Society, August 10, at 10:30, A. M., eulogistic speeches were delivered by Drs. McPheeters, Hurt, Laidley, Fairbrother of East St. Louis, Atwood and Ford. After the speeches the following resolutions were adopted:

Again the St. Louis Medical Society is convened to pay a tribute to the virtues, personal and professional, of a faithful member and honored officer. For twenty years Dr. Walter Coles, active energetic and studious, faithful and reliable under critical observation, discharged in the most admirable manner every duty incumbent upon him as a citizen and physician. Of comprehensive intellect, devoted to his profession, and actuated by an elevated sense of responsibility, he has diligently and successfully pursued scientific investigations, which obtained for him the admiration of his professional brethren and the respect and confidence of the community at large. His contributions to medical literature have exhibited erudition and originality. Fluent of speech and



engaging in manner, his discourses in this and other medical bodies were invariably interesting and instructive.

Our deceased brother by birth, education and association was a gentleman who endeared himself to all with whom he came in contact, and in the exhibition of sterling traits was evermore true to the requirements of the professional code of morals and exacting of its observance at the hands of others. Active in promoting the best interests of this society, faithful as associate member and trustworthy as committeeman, at the commencement of the current year he was elected to the highest office within its gift. Under his administration continued prosperity and increased usefulness has marked its career.

The city of St. Louis, society in general, his affectionate family and the profession of medicine have conjointly in the untimely death of Dr. Coles experienced a lamentable bereavement. There is left to us the memory of his genial self, the impress of his labor and the example of his daily life. We will cherish fond recollections of his manifold virtues and emulate his example.

As a last testimonial in this bereavement we will present a copy of this paper to his family and attend his obsequies in a body.

F. J. LUTZ,  
W. MCPHEETERS,  
J. S. B. ALLEYNE,  
LE GRAND ATWOOD,  
Committee.

The remains were interred in Bellefontaine Cemetery August 10, at 4 o'clock. Religious services were conducted by the Rev. Dr. Berkly at the residence of the deceased's brother at 4527 Richmond Place. They were simple but solemn. The remains were then escorted to the cemetery by a long procession of friends and relatives of the deceased.

The following honorary pall-bearers were there: Drs. W. McPheeters, J. K. Bauduy, L. Bremer, G. Hurt, J. M. Scott, J. S. B. Alleyne and Wm. Johnston. The above had once been presidents of the St. Louis Medical Society, over which the deceased had presided. The active pall-bearers were: Drs. J. Mulhall, F. J. Lutz, Walter Dorsett, I. G. W. Stedman, H. C. Dalton and Robert Barclay. Messrs. Alexander and Nickerson were also present.

The remains were placed in a vault temporarily.

### Melange.

A Noteworthy Step was taken at the third general meeting of the British Medical Association, when a resolution was carried to admit duly qualified women as members of the Association. The decision at the Bath meeting thirteen years ago to the contrary effect may be recalled in this connection.

Nothing New Under the Sun.—Solomon's dictum "*nil sub sole novum*," as the Vulgate hath it, has again had an illustration in the new book of M. C. Docteus Duhourcan on the medical history of the baths of Cauterets in past ages.\* The author, by means of authentic documents hitherto buried in the cartons of the great library at Paris, has been enabled to demonstrate very clearly that massage, as we know it, was known and practiced many centuries ago; that the practice of sudation in the thermal treatment is of very ancient origin.

That the fixation of twenty-one days as the length of "a course" in balneotherapy, however irrational it be, is absolutely lost in antiquity.

Says the author: Is it not rational to regard our masseurs of to-day as identical with the *frotteurs* (rubbers) to whom Anger Gaillard, called Rodier de Rabastans dedicated, about the end of the sixteenth century (1593) his most amusing satire, a part of which may be rendered freely as follows:

For twenty years, and more, to me it has been plain  
How much mankind is given to torment itself in vain!  
O many a man, for instance, has worried himself wild,  
Because forsooth his good wife has never borne a child!  
To sorcerers and witches some of these repair,  
And trust to incantations to secure themselves an heir,  
Some send their wives to thermal baths, renowned for fruitful  
waters,  
And they themselves, they stay at home and pray for sons and  
daughters,  
And some send them out to Cauterets to be rubbed by skillful  
*frotteurs*, etc.

The existence of these *frotteurs* or *fretayres*, is mentioned in an act dated May 16, 1604, by which the Abbé de Saint-Savin and the consuls of the Riviera, notably Bernard de la Lubie, of Cauterets, are given charge of the service of the baths of

\* *Quelques pages authentiques de l'histoire médicale de Cauterets dans les siècles passés.*—Paris, 1892.

Debat and the bath called "des Capots," and are required to perform the office of *rubbing* all persons who shall require it or for whom it shall be ordered. The official rubber pledged himself to perform his duty and not go beyond it, under penalty of dismissal. In the latter case the abbé or vicar, with the consent of the dwellers in the Riviera, must appoint another person.

"After this," says our author "what balneary station of to-day can claim precedence of Caunterets in the matter of the use of frictions, massage and other exercise practiced during, or after the bath?"

They made use, at the same date and in the same baths, of another practice now held much in honor in balneological therapeutics—sudation, or the resort to the hot room, as we would say, says M. Duhourcan.

"In fact, in my study of the Cagots, I transcribed at length the bill of sale or deed from the heirs of the *metge gezitain*, Jean de Mailhoc to the Canaries d'Argelès, of a certain cabin called 'des Capots.' It is specified that the vendors yield all rights 'to the said cabin and the right to take water from the little spring or bath and to there bathe and sweat.' One took sweats as well as shampoo, or rubbing baths at Caunterets—a proof that Turkish, or Roman baths as you please, were held in honor two or three hundred years ago there."

"This is not all: The archives of Pan have preserved for us another of the usages of our ancestors at Caunterets. It has been generally thought that the custom of limiting a course of baths to three weeks, or twenty-one days, was a modern invention, but in a copy of the statutes of the Valley of St. Savin, deposited in the archives, I find in paragraph three giving the rules and ordinances 'per los baings at cabanas de Cautarés' (1534) this typical phrase apropos of the rights of the inhabitants of the Valley to the third of the cabins and beds:

"The said dwellers and inhabitants of the Ribiera de Sent Sabū can dwell in these cabins and take the third thereof for their own use, the terms of said use being limited to three complete weeks."

Thus we see that the term of a course of baths at Caunterets has been limited to three weeks for more than three hundred and fifty years.

CHEESE  
MINCE PIE  
MIXED CAKE  
TAPIOCA  
ROAST BEEF  
FRIED SAUSAGE  
LIMA BEANS  
& PEAS  
WHEAT, RYE &  
GRAHAM BREAD  
POTATOES  
DRIED BEEF  
COD FISH  
CRACKERS  
SALMON

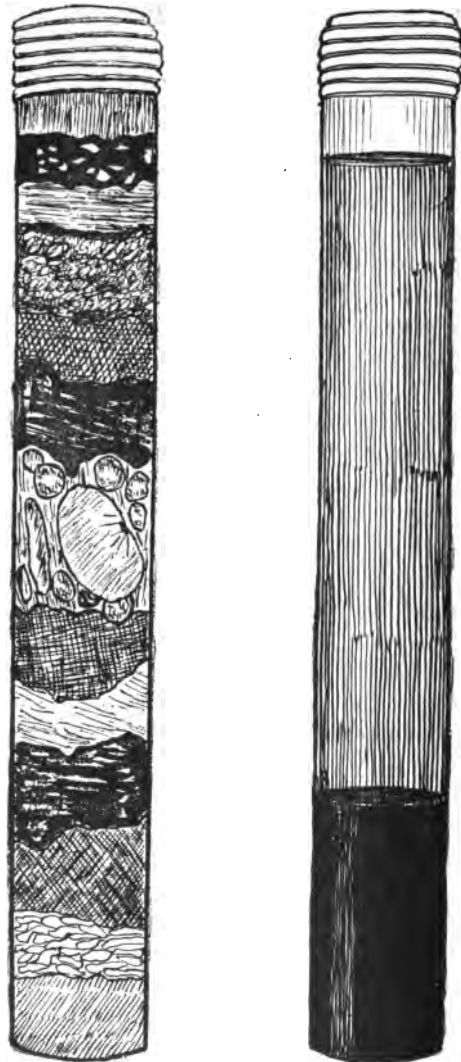


Fig. 1. Effect of Papain as a Digestive.  
(Illustrating Dr. Woodbury's Paper.)

## Miscellaneous Notes.

ROSSVILLE, STATEN ISLAND, May 17, 1892.

I reiterate my assertions made nearly a year ago and am daily prescribing Antikammia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maturity with most gratifying results, I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence.

Truly,

CALEB LYON, M. D.

The following formulæ produce slightly pharmacal products of ascertained value in practice:

Catarrhal affections. An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows:

R	Acidi Boracici .....	1	drachm.
	Sodii Boras.....	1	drachm.
	Sodii Chloridi.....	$\frac{1}{2}$	drachm.
	Listerine.....	2	ounces.
	Aque Puræ.....	6	M.

**Lysol as an Antiseptic.**—Lysol is the latest candidate for honors as an antiseptic. It is, according to Gerlach, more effective than carbolic acid and creolin. For disinfection of the hands a one per cent. watery solution may be used without soap. The walls of the operating room may be made non-infecting by spraying with a three per cent. solution of lysol. It is not nearly so poisonous as sublimate, carbolic acid or even creolin. For disinfection of the stools and of the sputa of tuberculosis patients it is more efficacious than any other agent. Its cost is quite low.—*American Journal of Surgery and Gynecology*.

**Chloralamid in Labor.**—Dr. J. Adolphus, of Atlanta, Ga., reports a case of labor in the *Medical Tribune*, in which the os and perineum were rigid, the pains of a nagging character. The labor had existed for twenty-four hours and had almost exhausted the patient from the sharp, wearisome and ineffectual pains, and consequent loss of sleep. The doctor administered thirty-five grains of chloralamid, which was followed by sleep (in forty minutes) which lasted three hours. On awakening the patient was refreshed, her courage and fortitude had returned, the pains were now strong and regular, and delivery soon followed.

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**N. A. Sackett, M. D., Ewing, Neb.,** says: Celerina I have tested in two cases of nervous headache. One case was a man of about thirty-five years of age, who has been subject to attacks for a number of years as often as every two weeks. I prescribed an ounce in two ounces of port wine, to take a teaspoonful four times a day. He has not had an attack since, although two months have elapsed. The other was a lady of about the same age, who has had similar attacks for the last five years. She has had no recurrence of the trouble since, and moreover she passed two monthly periods without the usual dysmenorrhea, with which she is afflicted at that period. I shall continue to prescribe it in cases in which it is indicated, and will report more fully in future.

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**Mr. Robert A. Barnes,** who recently died in the City of St. Louis, Mo., left in his will a provision for a hospital to bear his name and to be under the charge and supervision of the Methodist Church. He endowed this institution upon a scale superior to that of any similar hospital in the country, and his gift, amounting to more than a million dollars, was greater in amount than has ever before been contributed by a private citizen. During the sixty-two years that he resided in the City of St. Louis, he was a prominent figure in many of the most important corporations and contributed largely of his means to many charitable and educational institutions. He is credited with building no less than fifteen churches in the southern part of this state. As an expression of appreciation, and as an honor to the memory of Mr. Barnes for his noble charities, the Barnes Medical College is named. The institution is under the control and management of a Board of Trustees composed of upright, influential business men. Its faculty are composed of

men of faultless integrity and of experience as instructors, and who are in line with the best element of the medical profession and who are in hearty accord with the trend of public and professional sentiment with reference to advanced medical education. Among the teachers are Drs. Chas. H. Hughes, A. M. Carpenter, James T. Jelks, Wm. Dickinson, John W. Vaughn, Pickney French, Frank D. Wright, S. C. Martin, and others.

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**The Best Remedies for Internal Piles.—**

R. Kennedy's *Pinus Canadensis* (dark)..... 1 drachm.  
Ol. Theobromæ.....1 ounce.

M. Rub together, and make 20 suppositories by using a cold mould. Sig. Insert suppository every night at bed hour.

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**Phenacetine in Urinary Troubles of the Aged.**—Dr. Traill Green reports (*Universal Medical Magazine*, June, 1892) some case of frequent micturition in the aged, in which immediate relief was obtained by the use of Phenacetine in a ten grain dose at bed time. The effect continued during the day and the frequency both day and night was reduced to about normal. In two of the cases the number of micturitions was reduced from six or seven nightly to one; and in one case the patient did not get up at all during the night. The quantity of urine was not diminished, and it does not appear that it was necessary to use Phenacetine continuously to get its useful effects.

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**Phenacetine in the Nervous Sequelæ of LaGrippe.**—In an article read before the American Medical Association (Detroit, June 7-10, 1892), Dr. Wm. F. Hutchinson, of Providence, R. I., presented the difference existing between the course of the epidemic of gripe of last season, and that of previous years.

In New England, Dr. Hutchinson observed several novel symptoms, which were quite refractory to treatment. Later, on a visit to the tropics, he found a similar course of symptoms, with a more severe, general condition and a higher death-rate. At the same time there was less pneumoula than in the North, and the fatal terminations appear to have been largely due to nervous complications.

Dr. Hutchinson recognizes the fact that where so many psychic maladies have developed from influenza, the latter must be regarded as a sufficient cause for them, and the matter to be considered is the proper treatment to be instituted. The writer first names as follows, the special symptoms of neurotic grippe: Insomnia, loss of appetite, progressive physical debility, perversions of sense, impairment of cardiac nerve-tone, hallucinations, delirium and insanity. To these he adds certain paralyses, formication and other reflexes, pain and hyperesthesia of the skin.

Concerning treatment, the writer says that opium must be barred from the beginning. "When," he remarks, "in the cases under consideration, any of the opiates are administered in sufficient quantities to procure sleep or relief from pain, disturbance of general function and subsequent reaction are too pronounced to permit of their continuance, and depression too profound to allow them to be continued or even repeated. Something was needed that could be given for a length of time without increase of dose or loss of effect; for neuroses following grippe or usually of long duration."

"Sulfonal," said the author, "produces sleep but does not relieve pain. Antipyrine and antifebrine disturb the heart action to a degree occasionally alarming. Chloralamid is better, but loses effect after long continued administration. The various preparations of ether are too stimulating to circulatory centres, and choice seems to lie between such vegetable narcotics as, hyoscyamine, hyoscyne and the like, and phenacetine.

"In a few instances I did well with a combination of hyoscyne and monobromide of camphor, but in a majority the phenol derivative (phenacetine) has proved to be the best. Indeed were it not for a peculiar quality which phenacetine possesses, and sometimes brings into action, that of producing perspiration, it would be the ideal hypnotic and pain-killer; and with this defect, which I have usually been able to correct by using it with quinine sulphate, in my opinion phenacetine stands first in the list of remedies for the relief of insomnia and pain in the permanent neuroses following grippe.

"No general dose can be stated, but I consider the drug harmless in any quantity that is likely to be found necessary, and have given ten grains every two hours for two days with no bad result.

"Phenacetine may be continued with iron for long administrations, and, in that form, presents the best tonic with which I am acquainted for the adynamic conditions of long continued prostration, from whatever cause.



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## Original Contributions.

**GENOCATACHRESIA. (GENOS—Sex, and KATACHRESIS—Abuse).  
ITS TREATMENT. By CHAS. EVERETT WARREN, A.B., M.D.,  
Boston, Mass.**

(Concluded.)

**TREATMENT OF SELF-ABUSE.**—This should be preventive and curative. Medicine is of but little value in either case except as a tonic or restorative in constitutional complications.

Hygienic and moral precautions should be instituted at an early age to forestall and prevent the possibility of the establishment of the habit. The genital toilet should be strictly enforced to avoid the accumulation of smegma between the prepuce and gland in the male or in the vaginal folds in the female, and thus prevent the prurigo, or inflammation which otherwise may result from its retention. At the first appearance of redness, or pruritus, or intertrigo or eczema in these parts immediate remedies should be applied to check the development. The child should sleep on a hard bed, without sensuous perfumes or similar surroundings, without down or heavy quilts, in a long night dress, perfectly closed at the bottom and with the arms outside the clothes; should never sleep over seven or eight hours and arise as soon as awake. The underclothing should be of cotton, not of wool which is irritating and heating. This common mistake of overdressing a child not only leads to this abuse but it is fraught with after dangers to the general resistance to disease of all kinds, the victim of this indiscretion growing up without the vital

power to resist cold and exhaustion, being weakened by over-protection and therefore exceedingly impressionable to morbid factors and susceptible to morbid agents.

The food should be simple and nourishing, spiced meats, game, truffles, oysters, lobsters, etc., being proscribed as well as spirits and heavy wine. Asparagus is an especially dangerous article of diet owing to its exciting effect upon the urethral mucous membrane. Various medicines may also excite the genitals as arsenic, the terebinthines and cantharides. Dentition may also cause a sympathetic irritation of the genitals leading to the habit by the handling of the parts. Certain diseases especially tuberculosis and mumps may, by metastasis, involve and irritate the genitals, leading to the habit.

Returning for a moment to the subject of food, Ricord's receipt for catching the "clap" may show how to avoid it and may show the exciting influence of food and the action upon the genitals. "A word to the wise is sufficient. Do you want to catch the clap? Select some woman of a pale, lymphatic temperament—a blonde is better than a brunette—and the more 'whites' she has the better. Take her out to dine; order oysters first and don't forget asparagus afterwards. Drink often and freely, white wine, champagne, coffee, liquors; they are all good. After dinner dance awhile and have your friend to dance with you. Get well heated during the evening and quench your thirst, without stint, with beer. At night play your part valiantly; two or three times are not too many but more would be better. Don't forget to take a prolonged hot bath the next morning; moreover do not omit to take an injection. This programme being conscientiously followed out if you don't have the 'clap' some good Deity must have saved you."

Especial attention should always be given to the bowels to avoid constipation which may reflexly excite genital irritation, the same being true of worms, which may also migrate and cause irritation locally by getting between the gland and prepuce or within the vagina. A curious case of intestinal irritation came to my notice in practice where there was every symptom of worms. The treatment with *Chenopodium*, in mixture, gave negative results; no worms appeared on the scene but instead three badly worn out or chewed up wooden

tooth-picks were obtained. The shape was preserved but the ends were chewed out like paint brushes, a fact which accounted for the irritation.

In very nervous children, swinging, see-sawing, jumping rope, horse-back riding, bicycle and the like should be interdicted and replaced by walking, running, leaping and other gymnastic exercises.

A strict watch should be kept over nurses and domestics who are often initiators in the practice. I recall two cases where such a history presents the danger in a striking degree. In the one a boy about five was in the habit of sleeping with a female nurse who satisfied her own sensuousness by handling the genitals of the boy night after night and gave him her breasts to suck to increase the erotism. In a second a factory girl played nightly with a boy of ten years and with him partially performed intercourse thus initiating him in an act which aroused all his latent sensuality and made of him a veritable satyr in after years.

Statues, paintings, engravings and photographs of the nude however classic, should be carefully kept from young eyes. The same applies to romances and so-called passion "French" stories which in the present day are discounted a hundred per cent. by many in the English language. If some one would publish an Index Expurgatorius of such works he would do a favor to mankind. Some of these books are decidedly suggestive such as Sappho, Madamemoiselle de Maupin, Chevalier de Faublas, Boccacio, Rabelais, Nanon de L'Escant, Pommes d'Eve, Histoires Debraille, Madame Giraud ma Femme, La Femme de Glace, La Femme de Feu, Melinite, etc., not to mention hundreds of similar books still less spiritual. The same applies to many of the strictly classic works Ovid, for example, which are read even in classes by students at universities.

Many adults think that because a child is small, they can take liberties and neglect proprieties, in their presence, in act and conversation. In the life of the poor, the victims of circumstance, the environment and the necessities of one room life, necessitate many inconveniences, to call them by a mild term, such as sleeping three in a bed, a small number, by the way, in some places. There is, in such places, a decided mixed way of living and yet strange to say, there is less of

solitary vice amongst these than in higher life. The only plausible reason for this fact is, in such cases marriage is more of a convenience and incurs no forethought as to moral or social factors; it is, therefore, more readily entered into, mainly, I think, as a convenience, and in any case legitimate or illegitimate, intercourse of the sexes is easier in act, more free and more common. While the surrounding force of circumstance may excuse such acts in the lower classes there is no excuse in the higher for undressing before children of either sex, or for taking them into the bath in statu natura, or for putting them into the same bed, however tender in years; remember that they are also tender in susceptibility and to express it slangily "they catch on" very quickly and when least expected.

A promiscuous mingling of the sexes is one of the most dangerous mistakes. My father, the late Jos. H. Warren, had a case of chorea in a girl of eighteen who had always slept with her brother, at that time fourteen years of age. The fact was discovered by accident and a change of the circumstances led to relief of the nervous incoordination. This occurring in a family of good standing was inexcusable, but in the poorer classes such doubling up for economical purposes has the excuse, poor as it is, of necessity.

In the lower life, where there is barely "standing room only," the promiscuous mingling of the sexes in the same room, at least, if not in the same bed, and perhaps crosswise at that, is the rule fraught as it is with normal and social danger. I have a case in mind where six girls, five boys and mother and father slept together in a loft. There was a marked epileptic and chronic tendency in the children, two of the boys having epileptic fits and dying of consumption. Three of the girls have become mistresses under the nominal name of housekeepers. The town where these people lived, was extremely lax in morals and while camping there with my father we frequently saw men, women and children, of different families bathing in common, in the river, without any pretence of a bathing costume except that of nature.

So much for family environment. Faulty as it may be, its influence is discounted ten times over by the college and boarding school. The child at home may be surrounded with causes awakentng the curiosity and desire, but they are acci-

dental and temporary, producing no marked effect and offset by a thousand better influences. At college and school the suggestive causes may not exist but in their place, it is true less varied and numerous, there exist more active and more continuous causes of inevitable result. Here is the stamping ground of a habit which is endemic and transmits itself from old to new comers.

Lallemand says "if the habit is not contracted at first it is because of a lack of pleasure and feeling; it is always acquired in theory to be put into practice when the desire awakens as it will later. When the senses speak the memory will recall the way."

The infamous works of the Marquis of Sade are ecologues compared to the histories of schools in many cases. Books of the black list are easily procured and circulated. The domestics are apt teachers. The older pupils instruct the younger by precept and example and so it goes on. Teraube in his work speaks at length of this evil and Agrippa says the vice germinates spontaneously in the sickly pasture of the college. The regime of confinement and aggregation is fatal to honesty, and pardon the expression, to virtue. All means to prevent this state of affairs is useless. He especially pleads for the disuse of Greek and Latin which set the spirit and flesh of the young pupil on fire. Were ignorance bliss it would be folly to remove that ignorance but in this case it is simply the lulling, softly flowing, but swiftly running current, which carries us down the stream to the rapids below. As pilots, we who have travelled over the perilous stream, should chart the course and mark its dangers for those less experienced. The young child should be told of the natural purposes and uses of the genital organs, and cautioned against premature use or any abuse. If he does not learn from his friends he will learn from others and doubtless get unwholesome instruction or initiation in the genital mysteries. "By instruction he will avoid the pricks of an inquiet curiosity and escape the fatal errors of a misleading imagination." (Londe).

CURATIVE TREATMENT:—In spite of the most energetic measures of prevention the habit often persists and there are other cases which have not been subject to any preventive care the habit having become in such cases so to speak chronic.

There are cases in which the habit is discovered in its incipency which break off the evil upon receiving proper advice; these may be called acute. There are others which persist in spite of the advice and the warning of the physician and friends. Even the realization of the warning in the failing bodily and mental powers is not sufficient to break the chain; these may be called chronic and it is such cases that demand curative treatment.

The removal of the cause is often sufficient to check the habit. For this reason local causes should be diagnosed carefully and properly treated. Thus uncleanness of the genitals, eczema, puritus, impetigo, intertrigo, worms, balanitis, vulvitis, etc., often causing the habit by irritation and reflex action will readily yield to appropriate remedies, hygienic and medicinal, and with their subsidence will remove the habit.

In adults who have become confirmed in the habit mild methods may succeed, but as a rule those of coercion are necessary. Persuasion may have a good effect but in most cases is without effect when once the habit is firmly established.

Coercive methods demand the use of special apparatus rendering the manipulation of the organs impossible.

It is sufficient to mention infibulation and pass it by as a method anciently in vogue but not rational. This was intended as a twofold preventive of self abuse and illegal intercourse. A hole is made on each side of the prepuce or through each of the greater lips and a ring of silver passed through these holes is firmly fastened. In man infibulation effectively prevents erection both from the painful pressure upon the gland and the stretching of the prepuce. It also prevents the retraction of the prepuce thus favoring the accumulation of smegma and inducing a preputial balanitis. In woman infibulation is an illusory prevention for it does not prevent the possibility of titillation of the clitoris by the finger or the friction of the thighs.

Sprenghel advised the removal of the testicles as a radical method of prevention, a method barbaric in its inception and irrational in its performance. Extirpation of the clitoris in women, as proposed by Braun of Vienna, while less disastrous to the economy, inasmuch as it would not remove the essential parts of reproduction, is still open to question, and if reports

may be believed, is not always successful in relieving the habit or desire.

Larrey used injections within the urethra of an irritating nature so as to induce a true urethritis ; Lallemand left a sound for some time within the urethra with the same results each method rendering the organ so tender that the habit is suspended for a time at least, and in some cases permanently.

Pouillet recommends the scarification superficially of the skin of the penis so as to render erection painful and thus check masturbation for a time. The artificial induction of balanitis has the same purpose and result.

Circumcision while it necessarily checks self abuse for a time also has a more permanent effect in modifying the exciting circumstances.

The straight jacket while useful in man, is useless in woman, since the act can be accomplished by the friction of the thighs when the hands are tied. Besides it can be used only at night. Artificial protectives such as shields, rings, etc., are irrational since they call attention to the parts from which it is essential that we detract attention.

Medicinal treatment, while it may be of slight use is but transient. Bromide of potash and monobromide of camphor, the specifics, if any are of but slight value. They can be of use only when pushed to a complete sedative effect upon the whole body, a result to be deprecated.

Bul one remedy remains, the sole rational preventive of self abuse, and unpleasant as it may be to the morals, this natural remedy is coitus. However much we may evade it, this is the only rational and natural solution of the question. Jean Jacques Rousseau says: " My Dear Emile :—If the fire of an ardent temperanent becomes irrepressible, do not hesitate for a moment, do not allow the ends of nature to be evaded ! If I must be subject to a tyrant, I prefer the one from whom I may escape the more easily of the two. Whatever may happen, I can escape from a woman easier than from myself."

Lallemand, who, as a physician, speaks as one with authority, gives similar advice. " Coitus is the sole rational method in the present and in the future for checking and preventing the habit, the only means that can change and annul the unnatural and perverted taste."

Two methods of attaining this present themselves :—legal and natural ; and illegal and unnatural.

To advise the latter seems unwise and yet wiser than the worse evil of abuse. Distasteful as it may be and unfortunate as it may seem the existence of "Easy Women" living in "Easy Houses" on "Easy Streets" in every city and town proves the demand by the supply. The result of a state of society, greatly to be deplored, they are still not without their good and their necessity. If their corruption of morals were the only evil, it would be better, but the corruption of body as well, could be, and is in many cases, remedied to a great extent by properly recognizing their existence and placing them under proper medical and police surveillance, instead of making them illegal and then winking at them, letting them go unnoticed and unwatched.

Syphilis and gonorrhoea however, with the train of evils, although synonymous with a Fast House or Women in many minds, is caught in such places in the minority of cases. The "nice, clean, little piece," that the man has a "soft snap" on, as the saying goes, is more often the source since, she is but an amateur ; the professional, putting too much value on her financial worth to neglect any precaution of cleanliness or prevention. If she is bodily spotless it is due to mercenary reasons, but her cleanliness in this respect is preferable, even though it comes high to the negligence in cases which are cheaper but where one often gets more than the bargain called for.

But enough of a distasteful subject. There is a legal way by which nature's desires and ends may be satisfied without breach of moral or social honor. Yet the non-compliance with this natural demand for union of the sexes in marriage leads to the former evil and to other evils greater or less beyond the subject of this paper.

In recommending the physician to advise early marriage he is benefitting all humanity by advancing social and individual welfare, but I do not recommend him to become a "match-maker." He may advise the remedy ; he may not know the address or character of the good apothecary who can and will supply the necessary wherewithal ; the patient will usually know where to take it himself and yet I have known many cases where the physician by a little counsel and media-



tion has smoothed the path and made easy the assent to otherwise unattainable heights of happiness.

I would not for a moment advise in special cases or advocate in general a marriage for the sole purpose of the satisfaction of sexual desire. Such a marriage is without excuse, fraught with danger to the individual and to society; naught can come from it but evil and misery. In the one case the partner may become simply a legal prostitute, subject by law to the sensuality and brutality of the other without redress. In the other case self abuse will give way in turn to reciprocal abuse since two heads when put together will and can devise more methods of putting an edge on pleasure and the latter end will be worse than the first.

For the prevention of self abuse in adult life marriage is essentially the means of means, while marriage without higher or ulterior purposes than to satisfy an appetite, as a matter of convenience, would be nothing less than legalized prostitution; it is in its broadest and truest sense a social necessity. To say nothing of its purpose in perpetuating the species it is essential for the best good of the individual. Man and woman are completements of each other, incomplete as single individuals and complete only as united in marriage as sanctioned by God and man. Only when thus united can our half souls and bodies be made a perfect whole.

Early marriage is indicated by all laws of physiology and hygiene, but the rule is infringed in the higher civilization as the result of higher and more refined tastes, and needs the artificial product of education and luxury. As a result marriage is postponed if not indefinitely, at least, to a late date in life fraught with danger to the individual and to society.

I quote at length from a former article to illustrate my point premising the quotation by stating that the word physician is equally applicable to any profession or trade.

#### B A Good Wife.

This is one of the first prescriptions that should be written and taken by the young physician just starting in professional life.

The married man will out-distance his single brother in every walk of life and especially so in medicine. Looking at the matter from a mercenary point of view, the wife will assist her husband in many ways, by little words here and there, by her sociability and other feminine arts, while the fact that a man is married will often

decide the question of: Who shall be my Doctor? in favor of the married one, since that very fact seems to imply that he is steadier and more to be trusted than his less fortunate confrere. Besides he knows more, being a family man, and so he gains the confidence of the women, very important factors too in the young doctor's advancement, for as the woman wishes, so the man wills, therefore get married.

That is if you can afford it. If you can't keep your own stomach filled and your own body clothed, don't for heaven's sake double the liabilities and halve the assets. Love in a cottage is full of romance but while it feeds on sentiment it starves on reality. Bread and cheese and kisses is a poor diet for a healthy body. The finer sentiments are very well in the upper stories if there is good common sense in the basement. Therefore count the cost! Physicians, of all men, are the least business like and most impracticable and are apt to do things on impulse, trusting that luck will make it all right; so, many a man marries on a fifty cent salary, expecting by some turn of fortune's wheel, that he can roll in happiness, finding too late, that he has put down some pretty solid and rough cobble stones in the highway of misery.

Be sure when you can afford to support her that you get a help-mate. When sailing on life's troubled sea you need a buoy to guide you; you will run against enough rocks without tying one to your neck to sink you.

Choose such a one as genial Dr. Oliver Wendell Holmes aptly describes. He says:—

Oftentimes, as I have lain swinging on the water, in the swell of the Chelsea ferry-boats, in that long, sharp-pointed, black cradle in which I love to let the great mother rock me, I have seen a tall ship glide by against the tide, as if drawn by some invisible tow-line, with a hundred strong arms pulling it. Her sails hung unfilled, her streamers were drooping, she had neither side wheel nor stern wheel; still she moved on stately, in serene triumph as if with her own life. But I knew that on the other side of the ship, hidden beneath the great hulk that swam so majestically, there was a little toiling steam-tug, with a heart of fire and arms of steel that was hugging it close and dragging it bravely on; and I knew that if the little steam-tug untwined her arms and left the tall ship it would wallow and roll about and drift hither and thither and go off with the reflux tide no man knows whither. And so I have known more than one genius high-decked, full-freighted, wide-sailed, gay-pennoned, that but for the bare toiling arms and brave warm beating heart of the faithful little wife that nestled close in his shadow and clung to him so that no wave or wind could part them and dragged him on against all the tide of circumstance, would soon have gone down the stream and have been heard of no more. \* \* \*

\* \* \* And yet when a strong brain is weighed against a true

heart it seems to me like balancing a bubble against a wedge of gold.

We find two opposite extremes in life, the one brought up in luxury, to whom marriage means self-denial, the other living by denial to whom marriage means luxury.

The *Boston Globe* has been giving ideas on living on forty dollars a year and the following estimate of the cost of a boy and a girl in the deadly parallel form may astonish some:

BOY.		GIRL.	
One heavy winter overcoat.....	\$40 00	One black silk street dress (just too lovely for anything).....	\$40 00
One pair custom-made Wauken-phaats .....	9 00	One gingham wrapper.....	3 00
One pair sharp-toed Sunday gal-ters .....	8 00	One cloth street dress.....	17 00
One white satin dress cravat....	1 50	Two other street costumes.....	35 00
Two every-day silk cravats .....	2 00	Three party dresses.....	200 00
Six good custom-made white shirts .....	9 00	One sealskin coat.....	190 00
Two suits red flannel undercloth-ing .....	9 00	One cloth redingote.....	35 00
Two dress shirts.....	5 00	Socks, underclothing, collars, cuffs .....	35 00
One silver-headed cane.....	3 00	One pair satin slippers for party at New Year's .....	7 00
One pair heavy winter gloves....	2 50	Three other pairs slippers, five pairs shoes .....	45 00
Two pairs of kid gloves.....	2 50	One flannel jersey, two other jerseys .....	12 00
One pair of cuff buttons.....	3 00	Two house dresses.....	15 00
One dozen collars.....	2 00	One fine black silk dress, for church .....	70 00
Four pairs of cuffs.....	1 00	Flowers for theatre, theatre wrap opera glasses .....	100 00
Two Derby hats and one straw hat .....	10 00	Tuition in music and dancing....	100 00
One pair overshoes, one um-brella .....	6 00	Tuition in French, needlework, painting .....	100 00
Two winter suits of clothing....	60 00	Three white and light summer dresses .....	60 00
Two summer suits of clothing....	35 00	Gloves, perfumery (paint and powder), smelling bottle, etc. ....	40 00
One dozen pairs of socks .....	3 00	One pet dog, also a brass collar..	10 00
Two light suits underclothing....	6 00	One canary and a cage.....	10 00
One dozen handkerchiefs .....	4 00	Two winter hats.....	30 00
One spring and fall overcoat .....	30 00	Opera bonnet, two summer hats..	35 00
One ring for his little finger....	8 00	Bustles, bangs, bandoline, gar-ters, bracelets.....	25 00
Pocket money—\$3 per week, (this includes barber's bills).....	150 00	Miscellaneous items.....	50 00
Tuition at university.....	200 00		
School books, etc.....	75 00		
Annual dues at gymnasium.....	20 00		
Dancing lessons.....	60 00		
Dues at bicycle school.....	50 00		
<b>Total.....</b>	<b>\$814 50</b>	<b>Total.....</b>	<b>\$1,274 00</b>

These items are simple every day expenses of the sample society boy and girl and do not include incidentals. The boy is nineteen and the girl eighteen, they are modest in their wants and do no work to wear out their clothes. Suppose they marry. Here is the cost of the ceremony.

For a wedding of one thousand guests, with ushers and bridesmaids, exclusive of bridal dress and trousseau:

Cards.....	\$200 to	\$350
Matrimonial undertaker.....	100 to	200
Usher's scarfs.....	12 to	15
Usher's pins.....	20 to	60
Minister's fees.....	100 to	200

Sexton's fees.....	25 to	50
Dinner given by groom.....	30 to	42
Bridesmaid's dresses.....	400 to	600
Caterer .....	500 to	1,000
Music.....	50 to	75
Florist.....	300 to	600
Organist.....	50 to	100
Miscellaneous.....	100 to	300

Total.....\$1,887 to \$3,492

People about to incur such an outlay may either take *Punch's* advice or imitate the Wall street bear, who recently caused a man to put his intended son-in-law up to eloping on the express ground of economy.

This is an alarming view of the matter and no wonder that many hesitate before making the plunge. The trouble lies in our desire and intention to begin where our fathers left off, instead of climbing, shoulder to shoulder, to the eminence of success, competency, fame and position, as most self-made men have done. But the estimate given is pessimistic and the following optimistic selection will show that marriage may be undertaken with small means and by thrift and mutual aid be a happy one and a beneficial one.

WHY DON'T THEY MARRY?—A writer in the *Inter-Ocean*, who has been patiently inquiring into the matter, says: "The young men of these days are not half so plucky as their grandfathers, or even their fathers. Thousands of them everywhere are in 8x10 rooms of boarding houses, or the garret rooms of hotels, and have almost forgotten to dream about home life or love in a cottage. Speak to them of marriage and they will reply, 'Oh, I can't support a wife. I can't think of taking a girl from a comfortable home, where she has ease and money, and ask her to take the chances in the struggle for a competency.' At first thought such reasons seem plausible, and impress the hearer with the self sacrificing spirit of the young man of this day. But are the reasons good and solid? Inquire of any hundred of the prosperous men of business, ministers, lawyers, judges, doctors, artisans and at least ninety will answer, 'We married when poor, and the accumulations have been made during married life.' Why should not such an answer start a multitude of half-seedy old bachelors to thinking? We are told that in these days people have changed, and the young ladies are different

from their mothers. Of course the old fellows know that the girls of this day are not quite as handsome and sweet as the girls were when the old men were young; but any assertion that there are not multitudes of young women all over the land who would say 'yes' for the proper asking, and make honored and loving wives, and homes bright and happy, is probably a libel made up from a misunderstanding of the facts. There are doubtless many foolish girls who have been spoiled in rich homes, but they are the exception and not the rule. And if any of our bachelor readers have been associating with such the sooner they seek other fields and meet young women whose lives have not thus been marred the better. Such can be found in every community, with health and intelligence, and sweet, womanly qualities, which would make even the humblest cottage home a restful and happy place compared with anything the old bachelor has ever experienced. A young woman is not to be shunned because she has money or bank stock, but the man who marries, because of it makes the mistake of his life. 'Marry for love and work for riches' is a good maxim to keep pasted in the hat. Some of these old bachelors who are receiving an income of \$1,000 a year and spending \$100 in cigars and wine, and twice as much more in frivolities, should read carefully an address recently published by some sharp New England girls, who had heard all the stock arguments of the young men against marriage. These New England girls were of an arithmetical turn of mind and very practical. They set forth that a practical and proper household should number all told 'about six,' and they figure that 'such a family could be comfortably supported on \$468 per annum, with an additional allowance to the wife of \$80 for her wardrobe.' They are strong in their reasoning because their facts are attested by a multitude of living witnesses. But granting that the estimate is a low one, even for New England, the fact remains that a young man who receives a salary of \$900 or \$1,200 a year often saves more money after marriage than he did before. Misery in marriage does not come through the trials incident to making a living, but it often does come through the mismating incident to mercenary match-making. The main question in marriage is one of trust and strong affection. A man and woman who love each other in the good old fashioned way may begin with little on the

theory that they will do better as man and wife than as bachelor and maid."

The subject matter does not however admit of a lengthy discussion of ethical and economical advantages of marriage. It does relate to the intercourse of the sexes. This can be had in but one legal way, but thousands upon thousands of men and women rather than incur the expense and annoyance of a family, even of two only, resort to illegal methods.

But what is this animus urging men and women to such ends? Simply an inherent and natural physiological function which must be performed in some way, legal or illegal as it may be!

In the physiological point of view the connection of the sexes is an essential element of health and strength. It is at the same time the beginning and end of the physical and moral desires and needs which we call love.

Of all passions love is most absolute (Richard). The sentiment of individual conversation is often less intense than this passion when nature has been once aroused and stirred to the depths by the intense pleasure in its varied and entrancing forms, while remembrance of former bliss and desire for future repetition make the lover constant in affection and true in attention.

The man or woman who has never experienced the carnal consummation of love has not completed the round of his nature, has never truly lived. Until love, in its corporeal sense lights the fire and sets the senses in a glow man lives an isolated individual and uncompleted life. Suddenly and automatically he feels the necessity of a relative life; he feels the need of union and connection with a living being who can supply the sum total of the elements, physical and mental, lacking in his own person and yet necessary for a perfect whole.

When man has met the other ego, which nature indicates to him, the physical feelings join largely with the moral sentiments that ennoble passion. His complement is the repository of all his affections; the model of all his tastes; he loses his entity in the other.

This sentiment inspires all ambition and all enterprise; poets have always sung of it and will sing of it in their most

entrancing strains. Love, the philter of fire, is the intoxicating power which changes man to a god, the harmonious duet of the two kindred minds, hearts and senses.

**EXTRA ABDOMINAL SURGERY, OR SURGERY OF THE STRUCTURES WITHIN THE ABDOMINAL CAVITY, WITH THE USE OF ANIMAL MEMBRANES AS GRAFTS—EXPERIMENTS ON ANIMALS.**

By WALDO BRIGGS, M. D., Professor of Clinical Surgery, Beaumont Medical College.

Since my earlier articles in the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, on Extra-Abdominal Intestinal Surgery, I have been continually at work endeavoring to improve several minor points of technique and to perfect the new procedure.

It will be remembered that in my earlier experiments, I made use of a metal ring in the external wound of the abdominal parietes, the object of which was to prevent contact between the retained intestines and the raw surface of the wound. I find after much experimentation that rubber tissue answers every purpose and produces less irritation in the surrounding structure.

In order to determine the actual condition of an injured intestine placed back into the cavity after having been sutured in the ordinary manner by Lemp's suture, I made a number of experiments upon dogs, with the following results:

After performing enterectomy in the usual manner, and suturing in the manner indicated, the intestines were replaced in the cavity. I then placed an abdominal ring into the external orifice and introduced an electric light into the cavity, placing it so that the wounded intestine could be closely watched. After a few minutes I noted a gradually increasing vermicular action in the intestine, accompanied at intervals by a sudden jerking or spasmodic back and forth movement of the wounded part. This was continued up to the third hour after the operation. I then closed the external wound in the usual manner, and awaited consequences. The animal died at the end of the twentieth hour, and the body was immediately examined. On removing the portion operated upon I found that the sutured wound had separated at the mesenteric border. Close observation has satisfied me that this separation was caused by the peristaltic action and the periodic sudden

jerking movements referred to. In nearly every instance the separation was at the mesenteric border.

I further found that after every operation where any considerable portion of the intestinal track was involved there was a great accumulation of bloody serum within the cavity. I several times found as much as a pint, and even more, of this sanguinolent serum. This accounts, to my mind, for the peritoneal inflammation occurring in such cases at points distant from the site of the injury or operation.

In my later investigations, I have produced wounds of various descriptions—gunshot, lacerated, and incised, upon different parts or organs, such wounds as would require, for instance gastrectomy, duodenectomy, pylorotomy, etc., always making an incision in the site of the original injury and usually a vertical one.

The sutures used in these experimental operations were of pure silk, but I imagine that kangaroo tendons would be superior. The membrane is, by preference, that taken from the kidney of a beef or hog. This is thoroughly cleaned of all fatty matter and placed in a 4 per cent. carbolic solution.

In enterectomy, I have recently devised a method by which I have been able to utilize a ring of gut itself to cover the wounded part in place of or in addition to the membrane, and have thus made the operation doubly secure, if possible. The *modus operandi* is explained in the accompanying cut. (See Figure 2).

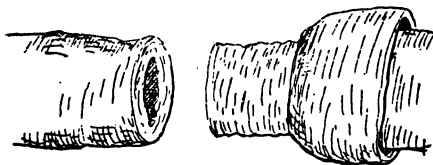


Fig. 2.

The mucous coating is separated from the muscular layer back for an inch or two from one end of the wounded gut, and is turned back like a cuff. The ends are then approximated and sutured as shown in Figure 3. One needle, *a*, is carried from the inside through the remaining coatings of the gut, and comes out at a point *c* in front of the upturned mucosa. It is then brought around the end of the gut and again passed



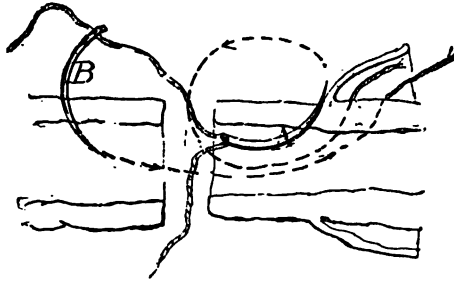


Fig. 3.

through from the inside at a point *d* behind the base of the upturned rim or 'cuff' of mucosa. A second needle *b* is passed through the wall of the other end of the injured gut from the inside. It is brought out through the wounded orifice, carried through the orifice of the end first sutured and made to emerge at a point behind the cuff of mucosa and near the exit of needle *a*. On drawing on the suture the ends are approximated in the manner shown at *m*, in Figure 4.

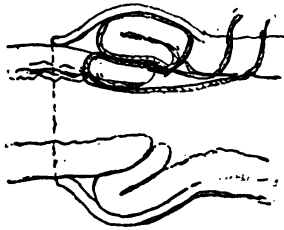


Fig. 4.

The animal membrane may now be applied as described by me in my former articles on this subject, or it may in a very large percentage of cases be dispensed with altogether.

In my experiments, I have not confined myself to operations on the intestines but have, in a number of instances, produced wounds of varying character on different portions of the kidney. I afterward operated by the lumbar method, heretofore described in this Journal, drawing the organ up through the external wound and retaining it externally by means of pins passed through the skin and under the organ, hæmorrhage being controlled by direct pressure. The external

wound was then closed and the kidney left outside to be treated exactly as an external wound would be. In ninety per cent, and upward, of the cases treated perfect resolution was obtained at the end of sixty-two to sixty-five hours. The external dressing was similar to that employed in cases of intestinal wounds treated by the extra-abdominal method. It was supplemented, however, by a device for the protection of the wounded part, not hitherto used by me. This was simply a simi-globular glass cup large enough to cover the organ and dressing without making undue pressure thereon.\*

In conclusion, I would sum up the features of my method to which I attribute the remarkably successful results attained by me. These are:

1°. The maintenance of the part operated upon outside of the cavity during the process of resolution.

2°. The absence of peristaltic movements of the intestines during the period that the gut is kept outside the cavity (as shown by me in the earlier articles on this subject). This absence of peristalsis lessens the danger of, or renders impossible, the separation of the edges due to the jerking movements spoken of above.

3°. The perfect adaptation of the animal membrane, which retains the parts in apposition and lessens the danger of extravasation.

4°. The impossibility of the accumulation of serum or extraneous substances within the cavity.

5°. The local treatment of the wound, as one on the external surface.

6°. The glass cup for the protection of the wounded part.

7°. The method of suturing, which is at once simple, rapid and effective.

My thanks are due to Drs. John Adams, M. F. Woodruff and W. Currier for their assistance in carrying out these experiments.

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\* Similar cups are to be had of Holekamp, Grady & Moore, Surgical Instrument Makers, No. 915 Olive street, St. Louis.

THE MECHANISM AND ETIOLOGY OF TINNITUS AURIUM, IN CONNECTION WITH THE FUNCTION OF THE MIDDLE EAR MUSCLES. By THOS. F. RUMBOLD, M. D., San Francisco, Cal.

**Definition.**—Sounds or noises more or less continuous in the internal ear or in its neighborhood, or in the middle ear, or in both. They are always preceded and accompanied by either acute or chronic inflammation of the internal or middle ear or both.

**Description of the Ear Disturbances.**—If the ear sounds are carefully analyzed, it will be observed that there are two very distinct varieties. They differ in the character of the sounds; in the location of origin; in their etiology; in their mechanism, and in their treatment.

I shall endeavor to show that one originates in the blood vessels of the internal ear (Theobald) and in its neighborhood, and the other in the muscles of the middle ear.

As the word "tinnitus" may be employed, without causing confusion, to designate a sound in any part of the ear or near it, I will call the ear sounds that originate in the internal ear and in its neighborhood, vascular tinnitus, and the other that originates in the middle ear, muscular tinnitus; this will locate the origin of the sound and describe the kind of sound meant.

**Vascular Tinnitus.**—This is invariably a "hissing" or "rushing" noise that very frequently has regular periods of increase, synchronous with the heart's contraction. Aside from this periodicity it is uniform in character, only increasing or decreasing with the increase or decrease of the parietic condition of the blood vessels of the internal ear or other portions of the head that causes it. It resembles, in a degree, the "hiss" of escaping steam or the "rush" of falling water. These characteristics are diagnostic of its location and formation. It is universally the same kind of sound the world over. The American, the European, the Norwegian, the Russian, the Arabian, the Chinese, the Japanese, the Sandwich Islander, the Samoan, the New Zealander, all have the same identical "hissing" or "rushing" sound. I think that it will be found to be unvarying in every human head; and from

the nature of its cause and mechanism, no other kind of sound can be formed in the internal ear or in the head.

**Tinnitus of the Middle Ear.**—The other kind of ear-sound, the muscular tinnitus, is very often described as resembling exactly some very *familiar* sound, frequently heard in the neighborhood of where the patient resided at the time he became afflicted with this kind of vibratory ear disease. It should be noticed that this kind of sound is a familiar one. If it has periodicities they are not necessarily synchronous with the heart's beat, yet they sometimes do increase with each contraction of the heart.

The following description of the middle ear sounds are some that were made to me by my patients:

Those patients whose habitations were surrounded by large trees had a sound resembling the wind blowing through the trees; those who lived where they heard the distant roar of the ocean waves, had these sounds in their ears; those who lived where they heard the puffing of an old fashioned steam-boat, had those sounds in their ears; those who lived near a water-mill had the intermittant sound of the water-wheel in their ears. The same was said by those who lived where they frequently heard the tingling of metal, and ringing of different sized bells, the sound of a piano, the music of a brass band, the sound of a French horn, the noise of the wind blowing through a ship's rigging, the buzzing sound of a planing-mill, the sound of an elevator in a hotel, the vibration of the steam-boat's paddles, the pattering of rain on a shingle roof, the rumbling of railroad car wheels, the working of a steam printing press, the noise of a sewing machine, the chirp of a cricket, the noise of a locust, the bark of a sea lion, the lowing of a Mexican ox, etc., etc.

Sir William Wild, of Dublin, in his most excellent work on Aural Surgery, gives a graphic description of these ear sounds. He says:

"The peculiar character of the tinnitus and the noises to which it is likened are as variable as sound itself. I think the description which patients give of the noises which they experience depend, to a certain degree, upon their fancy, their graphic powers of explanation, and not unfrequently upon their rank in life or the position in which they are most familiar, thus, persons from the country or rural districts draw their similitudes from objects and noises by which they have

been surrounded as the falling and rushing of water, the singing of birds, buzzing of bees, and the waving of rustling trees, or in the vicinity of machinery or manufacturers, say that they hear the rolling of carriages, hammerings, and the various noises caused by steam engines. Servants almost invariably add to their other complaints that they suffer from the ringing of bells in their ears. The tidal sound, or that which we can produce by holding a conch shell to the ear ['hissing' or 'rushing'] sound is, however, most frequently complained of. While in the country old women much given to tea drinking sum up the category of their ailments by saying that 'all the tea-kettles in Ireland are boiling in their ears.'" Page 84.

In a very small percentage of cases the noise is described as a pleasant one, but generally it varies from a somewhat unpleasant to a most exasperating sound, not unfrequently driving its victim to seek relief by a violent death.

Attention is directed to the uniformity with which the familiar, varying sounds are reproduced in the victim's ear. It tends to show a marked relationship between the extrinsic sounds and the tinnitus, almost as close to each other as cause and effect. The fact that there is a uniformity in the positive statements from so great a number of persons, natives of all countries, North America, South America, Great Britain, Europe, Norway, Russia, Japan, China, Australia, Sandwich Island and New Zealand, that these ear disturbances resemble familiar sounds heard only in their native countries, show that it cannot depend upon their "fancy" nor "their graphic power of explanation" as the brilliant Wild says, but undoubtedly does depend to some extent "upon their rank in life" and "the position in which they are most familiar." Wild's own description indicates this when he says. they "draw their similitudes from objects and noises by which they have been surrounded."

I propose to show that these ear patients, who lived in diverse portions of the earth, when their ears became affected, could *not* have any other kind of sounds in their ears save the familiar sound that each heard at the time he contracted his muscular tinnitus. Of course they may have the "hissing" or "rushing" sound also, that is vascular tinnitus.

**The Causes of the Muscular Ear-sounds.**—During the spring of 1873, while preparing a course of private lectures for physicians on inflammatory diseases of the nose, throat

and ears, I was greatly perplexed when I began to write upon the causes of Tinnitus Aurium.

At first I included the closure of the Eustachian tubes, myringitis, inflammation of the middle ear and mastoid cells, gastric, hemorrhoidal, uterine, and urethral troubles, etc., for all of those ailments apparently induce tinnitus. I soon saw that I might as well say that the man who made the matches set the house on fire, or even blame the man who cut the wood for the match man. Then I called these ailments predisposing causes, and considered that they had an aggravating influence upon the labyrinthine inflammation, the real cause of the ear-sound as I then supposed.

A more extended study into the histories of a large number of ear cases led me to abandon the idea of inflammation of the labyrinth and call the cause of the ear-sounds a pressure upon the labyrinth through the stapes. The pressure idea was soon abandoned also, and the theory of hyperæsthesia of the auditory nerve or other contents of the labyrinth was the next conclusion.

The hyperæsthesia idea was not held more than three or four months, as I found that I was taking it for granted that tinnitus aurium was as adherent to a diseased ear as pus was to an abscess cavity. Besides this, I was presuming that sound was produced in the subject's ear by a different mode than it was produced outside of the ear. As extrinsic sounds are the result of vibrations, the intrinsic sounds must have vibrations also for their production, but how these vibrations were brought about, I could not conceive.

I was then compelled to assume that the ear sounds were a hallucination; in fact, I was forced to say that they were either hallucinations or sounds, and as I saw no opportunity to make sound in the ear by vibrations, it was natural to say that they must be hallucinations. I taught this to one of my classes.

At that time I had been engaged for about five years in a thorough investigation of the functions of the Eustachian tube, and had noticed that in patulency of this canal the patient's voice was transmitted to the ear through this passage. In two instances the peculiar tone of their voice started a tinnitus which lasted for several hours. In one patient every eructation from the stomach started a very disagreeable tinnitus that

lasted sometimes all day ; this condition continued for about three months. These incidents severely disturbed my hallucination theory, and set me to reflecting. I then recollected that I had, for a number of years, employed various methods that frequently alleviated or cured the tinnitus, such as the inflation of the middle ear ; application of a mild medicament by spray producers to the nasal and pharyngo-nasal cavities ; the application of warm vaseline to the surface of the body ; the inhalation of nitrate of amyl ; the application of the constant and faradic currents of electricity ; the employment of other noises applied to the ear by means of a speaking tube, etc., none of which could so suddenly produce a curative effect upon a mental disease—a hallucination being a mental ailment.

In a short time the idea occurred to me that the sound in the ear was caused by a paralysis agitans of one or both muscles in the middle ear ; their alternate contractions and relaxations being the cause thereof.

On the fourth day of October, 1873, I stated this in the St. Louis Medical Society. On that evening Dr. J. P. Bryson, read a paper on "Tinnitus Aurium" giving his views as to its cause, namely, a partial paralysis of the auditory nerve. During the discussion I stated that I had been studying my notes on this subject for several months, and had come to the conclusion that the noise in the ear was due to a paralysis agitans of one or both muscles in the middle ear.

As sound is always the result of vibrations, and as tinnitus aurium is a sound, it follows that there are vibrations in the ear or in some portion of the head near the ear to produce the tinnitus. This leads to the question : *What produces the vibrations in the ear and head?* It is my opinion that there are two modes by which vibrations are produced in the ear and head that result in sound. As I have already said, one takes place in the bloodvessels of the internal ear (Theobald) and in its neighborhood—vascular tinnitus ; the other caused by the muscles of the middle ear—muscular tinnitus.

**Theobald's Vascular Theory of Vibrations in the Internal Ear.**—Dr. C. H. Burnett, of Philadelphia, in his work on "Disease of the Ear," says of tinnitus aurium :

"It is caused principally by the altered circulation in the tympanum, and seems to become more aggravated as the in-

flammation advances.....It may therefore be concluded that, originating in the various parts of the organ of hearing, they have a truly objective existence in the *subjects*. That a morbid circulation of the blood, let us say too rapid flow of it, through the temporal artery may cause tinnitus aurium, I know by personal experience, and I also am fully aware that such a form of tinnitus may be quelled by pressure over that artery just in front of the tragus.

"Tinnitus may also be relieved by a gentle pressure of the carotids. Such facts will tend to show that the blood may throw the vessels of the ear into such morbid vibrations that the latter are interpreted by the ear as sound. If sound is motion, what can be more reasonable than such an explanation?

"Tinnitus aurium, in general may be explained by the 'Vascular Theory' of Theobald (of Baltimore). At the outset in this theory a subjective sensation is to be regarded as having no imaginary but a real existence, and therefore tinnitus aurium has a real existence, being due to morbid vibrations produced in the internal ear and then communicated to the nerves. Two modes whereby vibrations of the vessels of the labyrinth may be enabled to produce a sensible impression upon the auditory nerve are suggested by Dr. Theobald, viz: 1. The amplitude of the vibrations may be increased. 2. The vibrations remaining unaltered, their effect on the nerve may be magnified, either by reflection and concentration, or by resonance." Pp. 352 and 353.

Not only are these vibrations of the bloodvessels in the labyrinth, but in other parts of the head also.

**The Mechanism of Vascular Tinnitus.**—The inquiry forces itself upon us as to what changes are required in the form of the blood vessels to cause a stream through them to produce vibrations and thus form sounds. As is readily perceived, this will enable us to form an idea how these changes are brought about; knowing this, we are enabled to determine a rational prognosis as to the curability of this kind of tinnitus.

It is well known that an enlargement of a bloodvessel, that is, irregularity of its calibre, will give rise to vibrations. This, in my opinion, is the mechanism of vascular tinnitus. We see a like condition of the bloodvessels in the nasal and pharyngo-nasal cavities, and in the fundus of the eye; and no doubt it exists in other parts of the body where there is chronic inflammation.

The passage of the blood through these irregular calibered



vessels produces motion, and this motion being transmitted to the ear becomes sound, just as other sounds are formed, namely, by motion. It is seen that wherever these blood-vessels are affected with a paresis of the circular muscular coat—whether in the internal ear or in any part of the head so that it is near enough to the ear for vibrations to be transmitted—we have a sound-producing agency.

I think that fully twenty per cent of those who suffer from vascular tinnitus describe the sounds as being formed at some distance from the ear, although there may be sounds in the ear also. Many times the tinnitus is in the whole side of the head; then there are quite a number of hissing sounds, not one, but a confusing number of them. Some over the forehead; some in the back of the head; some back and above the ear, and some down on the neck below the ear.

I have a comparatively large number of patients who say that the noise, to quote one patient, "is in the *whole side* of the head even more than in the ear. It is always in the ear, but frequently, when feeling very ill it is much more in the head than in the ear." I have a lady patient who describes her case as follows: "I have a buzzing and fuzzing noise over my forehead and on the top of my head; when at its worst it goes up in 'shoots' to the top of my head from my ear. There is more noise in my head to-day than in my ear. Many times when I have stepped quite hard on the floor my head buzzes much stronger for a moment. It is such a confusing sound."

With the exception of momentary increase at each beat of the heart, these sounds are always uniform. They have the identical same sound whether the patient is young or old, or whether he was born or raised near anything producing a sound similar to the sound in his ear. A variation in the inflammation of the internal ear and the parts near it, and a variation in health are the only conditions that vary the sound.

While agreeing that Dr. Theobald had made a valuable discovery—for such it is—yet I do not think that he accounts for the formation of many peculiar sounds that are *not* of a uniform character, very seldom synchronous with the heart's beat, that always resemble familiar noises heard and contracted in the neighborhood where the sufferer lived. These noises resemble exactly, in rhythm, time and tune, some very

*familiar* sounds, such as that made by a cricket, steamboat paddles, steam printing press, etc., with their natural cadence that would be physically impossible to be produced by a stream of blood, in whatever way it might cause the vessels to vibrate; the only means of varying the vibrations being the heart's uniform contractions.

**The Paralysis Agitans Theory of Vibrations in the Middle Ear.**—In 1881, in my work on the "Hygiene and Treatment of Catarrh of the Nose, Throat and Ears," I published the following on the subject of tinnitus aurium:

"This symptom of catarrhal inflammation of the mucous membrane of the ear is a paralysis agitans of one or both muscles connected with the small bones of the ear.

"There is no such thing as sound. It is only the impression that the vibrations of the air, or other body, make on the auditory nerve by means of the liquid in the internal ear. That is, it requires motion or impression made by motion to cause us to perceive the so-called sound waves. Therefore, we cannot have any kind of sound in the ear without motion being imparted to the liquid in the internal ear. Now, in tinnitus aurium we have sound that is not produced by sound waves in the air, yet the sound must and can only be produced by motion imparted to the liquid in the internal ear, and this motion, I think, is imparted by a paralysis agitans of one or both of the small muscles belonging to the middle ear. The alternate contractions and relaxations of the muscle or muscles cause the motion which is imparted to the ossicula to which the muscles are attached, which in turn imparts it to the internal ear." Pp. 348-349.

**The Pathological Condition that Causes Paralysis Agitans of the Muscles of the Middle Ear.**—Dr. T. Lauder Brunton, of London, in an article in "Brain," July, 1878, on "Reflex Action as a Cause of Disease," says:

"I have just mentioned one instance in which intermittant spasms (paralysis agitans) of a voluntary muscle, the orbicularis palpebrarum, was caused by irritation of the sensory nerve. This leads me to remark that a very important condition to be borne in mind is that constant stimulation of a sensory nerve will often produce clonic or intermittant, and not tonic or continuous, contractions of the muscles which it may set in motion."

The contractions and relaxations that constitute a paralysis agitans of the orbicularis palpebrarum is very similar to the motion of the muscle or muscles in the middle ear, both being caused by the same kind of diseased action, namely, irri-

tation of a sensory nerve, the facial. The paralysis agitans of the orbicularis muscle is exactly similar to the paralysis agitans of the middle ear muscles, when these latter muscles are making uniform contractions, thus forming uniform sounds, such as a ringing or singing or purring sound, which not unfrequently start in the ear and last for a few seconds. When, however, the *familiar* sounds are made, such as the sound of birds, crickets, etc., the motions of the middle ear muscles differ, markedly, from those of the eye, yet both are caused by the same kind of disease of the facial nerve. In the case of the ear, the function of the ear muscles interferes and produces a difference in the tune. In this instance the middle ear muscles must undergo irregular contractions so as to form a peculiar sound, a sound unlike any other sound, and is produced by contractions that are unlike any other set of contractions. The ability of these muscles to form familiar sounds belongs to their function, that of imitation, as will be mentioned.

In the case of the orbicularis muscle, were it connected with the ossicula auditus, it would form but one kind of sound, a ringing, purring or singing sound, one that would result from uniform contractions, the function of this muscle being *only* that of contraction, while that of the middle ear muscles is that of imitation as well as that of contraction. There is no doubt that the ear muscles do sometimes form uniform sounds also. When such is the case, there are little or no periods of increase that are in unison with the heart's action.

The great majority of ear sounds that have periods of increase that are synchronous with the heart's beat are formed in the internal ear (Theobald) and in its immediate neighborhood. These are always "hissing" or "rushing" sounds, and are the same in all ears, whether old or young.

The great majority of ear sounds that do not have this periodicity are formed in the middle ear. They are the familiar sounds, as the noise of a cricket, etc., or the ringing or singing or purring sounds.

**The Influence of Location in Developing the Peculiarity of Many Middle Ear Sounds.**—As it is essential to the establishment of my theory that the function of the middle ear muscles to *imitate* sounds should be plainly demon-

strated, I must ask the indulgence of the reader while I give a large number of facts to prove that such is the case.

In the investigation of the causes of muscular tinnitus, it will be well to take into consideration the location of the patient when he first contracted his ear-sound disease. It will be almost universally observed that those living in one location, as in a city, will complain of being troubled with a kind of sound that is peculiar to that locality, and which differs from sounds produced in other locations of the same city, while those who live in a country location will complain of ear-sounds that are peculiar to that locality. This indicates that there is a very close relationship between the kind of sounds the patient hears in his ear and the sounds produced in different locations in which he lived, and it shows that the sounds heard in these localities have something to do in helping to produce similar sounds in the ear.

Wild says that the old women of his country "much given to tea-drinking sum up the category of their ailments by saying that 'all the tea-kettles in Ireland are boiling in their ears.'" No one in this country will contract this kind of an ear-sound unless he has heard it. I have a Japanese patient who acquired a tinnitus, before he came to this country, that resembles the sound of a Japanese instrument, which emits a tone unlike anything in this country. This man could not have a "tea-kettle" sound in his ear for the simple reason that his ear never heard such a rattle, nor could his ear *originate* such a noise. I have a Chinese patient who has an ear-sound that resembles the bells of one of the largest Josh houses in his country. His ear took on this tinnitus while he was in China. This man's ear could not have a steam printing press sound, because there is no such compound noise in his country. This is a point that should be noticed particularly.

From what I have learned from a large number of my patients, I am certain that the sounds in their ears dated from a period at which they heard something that produced a similar sound—that produced a similar vibratory motion of the membrana tympani. Thus it is observed that each of these patients was afflicted with such ear noises only as he had heard in his neighborhood.

I have never had a patient say that he had a noise in his

ears unlike any sound he ever heard. Very frequently, as already stated, there may be two or more sounds in the ear at the same time; that is, there may be a "hissing" or "rushing" sound—if such a tinnitus be present—occasioned by vessel-vibration within the labyrinth or in its neighborhood; each of the others will be a familiar sound and one that he has heard while contracting this kind of tinnitus aurium.

I feel sure that it can never be established that a person who had not heard the propeller of an ocean vessel had a tinnitus resembling a propeller sound, or a person who had not heard a planing mill, had a noise in his ear resembling this peculiar kind of sound.

**The Ear a Telephone.**—It will be admitted that if these outside sounds—that I believe started the ear-sounds—were made near a telephone, this instrument would reproduce the same vibrations, that is, produce a similar sound in every respect to the patient's muscular tinnitus. I believe that the membrana tympani is the diaphragm of a telephone to the brain, and that the tensor tympani and stapedius muscles imitate and amplify the motion received from the diaphragm.

**Old Jones' Saw Mill.**—I had a patient who when a young man lived near a water mill known as Old Jones' Saw Mill. He frequently bathed in the pond connected with the mill and on one occasion took a severe cold that affected his head and afterward his left ear. From that time he had the sound of this mill in his left ear. I assert that if he had not heard the water leaving Old Jones' Mill Gate at the time he took his cold, now many years ago, he would not still have this sound in his ears, this being his tinnitus. I repeat, in other words, that the movements made by the muscle or muscles in the middle ear is a modified paralysis agitans; these contractions and relaxations are made rapidly enough, and are so modified by the function of the muscles as to produce vibrations of the same length and variety as the sound waves that were occasioned by the water leaving the mill-gate, and the sound waves were the initiating cause of the contractions of the muscle or muscles in the ear, their nerves being at the same time in a diseased condition, occasioned by mucitic inflammation of the middle ear.

At this stage of the discussion, some one will say: It is

altogether possible that a paralysis agitans can affect the muscles of the middle ear, but this condition can only cause a simple succession of contractions and relaxations, which would only make a uniform sound, the contractions and relaxations being uniform, there being nothing to make them otherwise; but to give these diseased ear muscles an apparent intelligence of following and repeating, for several years, a peculiar rotation of contractions and relaxations so as to form a special sound, is past belief.

There are actions of medicines and reactions of various parts of the human system that are past belief, were we not overwhelmed with the great number of facts that say plainly that it is so, although we cannot comprehend their mode of action. Why rhubarb should act more especially upon the upper bowels, or aloes have a like effect upon the lower bowels we do not know; or that ipecac should have a different effect than that of quinine, we do not know; but the facts relating to their peculiar action are so numerous that we admit simply because of their number.

If we had one ear patient in a hundred or fifty or even thirty, who said that he had peculiar familiar sounds in his ears for the past year or so, then it is altogether likely that we would call it fancy on his part, because we could not conceive how such a repetition of apparently intelligent acts could be performed by the ear muscles, but then we hear almost every one of these patients—come from what part of the world they may, say that they have these familiar sounds in their ears, and that they resemble exactly the outside sounds that were made in the neighborhood where they resided, then we are overwhelmed with the great number of statements concerning these facts, and are compelled to admit the correctness of their assertions, and especially so when a certain method of treatment that relieves them proves that their assertions are founded upon facts, then we must surrender our unbelief.

**Function of the Middle Ear Muscles.**—It has been my opinion for many years, although only partially expressed in my writings because of a fear that I might be wrong, formed from close observations upon notes taken upon several hundred marked cases of tinnitus aurium of the middle ear, that the only function of the tensor tympani and stapedius muscles is to imitate and amplify motions that are given to the mem-

brana tympani and stapes by the sound waves; that is, the function of these middle ear muscles is to increase the motion of the small bones of the middle ear. Of course when they do so they must imitate the motions made by the sound waves, the muscles being stimulated to this action by the motions given to the membrana tympani by the extrinsic sound impulses. The following facts plainly indicate this:

There are many times when noises are being made around us that, if heard with the utmost distinctness, would distract our mind from a certain train of thought, or would prevent us from hearing a certain particular kind of sound. For instance, while intently reading a very interesting book, we don't hear, with the utmost distinctness, even comparatively loud noises, as the roll of a carriage, the striking of a clock, the step of a person in the same room, and almost numberless other lesser sounds; or when at an opera, no noises are plainly heard, except the music, unless they are overpowering, then these distracting noises are louder than the sounds amplified by the ear muscles, and we are annoyed because we are compelled to take cognizance of them to the exclusion of the musical sounds that the ear-muscles have vainly endeavored to maintain the most prominent.

At all times the actions of these two muscles, in normal ears, prevent confusion, not by excluding certain sounds, for we do indistinctly hear them, but by amplifying the selected sounds we desire to hear, leaving the other sounds, that we do not desire to hear, unamplified. The reason why we weary of listening is because the middle ear muscles tire in imitating and amplifying sounds.

Without these selections, imitations and amplifications, all sounds would be heard equally well to our great confusion. I have the histories of quite a number of patients—more or less deaf—who are thus disabled because their middle ear muscles cannot select and amplify those special sounds that they desire most to hear. While conversing in a room with one person, they hear with but little difficulty, but when they are in a room full of people, many of whom are conversing and laughing, they cannot understand what is said to them, unless addressed in a very loud tone, so loud that it is painful to their ears.

In the normal ear, as soon as the sound-waves cease their blows upon the membrana tympani, the stimulations of these

two ear muscles to imitate and amplify sounds ceases also, but in a diseased state, this abnormal condition constitutes their stimulus, so they continue their contractions and relaxations, that is, imitating those sounds that come nearest to their hyperæsthetic condition, which is tinnitus aurium of the middle ear.

If the hyperæsthetic condition is such that no adventitious sounds are exactly suitable for continuous repetition, then the ear muscles may take on simple contractions and relaxations of a uniform character, thus making a uniform sound such as purring or ringing or singing. In this case there will be no momentary increase of the sound from the heart's action as is nearly always present in vascular tinnitus.

**Other Imitators.**—Not only are human beings imitative as far as the formation of sounds are concerned, but the nerves and muscles of other portions of the body are also imitative. If a child in a school-room has an epileptic spasm, and there is present another child in the same room whose system has been prepared by disease, so that it is liable or predisposed to epileptic spasms, the sight of the first child in spasms will be very liable to induce a like condition in the other child, and the second child will have the same kind of spasms also. This has been observed many times.

If we go into a room where there is a piano, and make a sound similar to that which one of its strings can make, the sound that we produce will be produced on that string, because the length of the sound waves in both cases is precisely alike. This is exactly what happens in the ear and we call it sound. In the person afflicted with muscular tinnitus the muscles connected with the ossicula, being in a diseased condition, caused by a chronic inflammation in the middle ear, and ready to take on a paralysis agitans, continue the motions received from any accidental sound that exactly suits their hyperæsthetic condition. If these contractions and relaxations continue after the accidental sound ceases, then these motions constitute the paralysis agitans or, in other words, the tinnitus aurium of the middle ear.

**A Preparation Required.**—Of course, the ear muscles must be made ready by disease for the paralysis agitans before the accidental sound starts them, just as the G string of the piano must be ready to begin its vibrations from the acci-



dental G sound; but if the G string is not ready, the accidental G sound will not start it, nor would the ossicular muscles have continued the mill-gate sound in the patient's ear above mentioned had not the hyperæsthesia made the muscles ready to continue contractions that were exactly similar to the noise of the water leaving the mill-gate.

**A Start Required.**—Thus it would seem that Old Jones' Mill Gate made the sound waves that started the contractions of the ear muscles, and these muscles, being in a diseased condition, continued to make the same kind of motions, producing identically the same kind of sound in the man's ear ever since.

These facts prove: First, that the ear muscles imitated the sounds formed by the mill-gate, and second, that they continued this kind of imitation for many years. It is not possible to have these familiar sounds repeated in the ear unless the middle ear muscles imitated the extrinsic sounds and continued to repeat them for years. It follows, as a necessary consequence, that if tinnitus aurium is an intrinsic sound, the ear muscles must have imitated the extrinsic sound; there is no avoiding this conclusion. Nor is there any way of avoiding the conclusion that the function of the middle ear muscles is to imitate and amplify extrinsic sounds. They could not have acquired this function because of their diseased condition; this condition causes them to contract and relax but not to imitate sounds. It is consistent with facts to say that the function to imitate sound is inherent, and that the diseased condition—the hyperæsthesia—sufficiently irritated them to cause them to continue this inherent function, i. e., reproducing the identical sound.

**Can the Ear-Muscles Imitate Sounds?**—The question may be asked, could this man have had this kind of tinnitus had he not heard the sound of the water leaving the mill-gate?

If it is possible for the muscles of his ear to voluntarily initiate contractions that exactly resemble this peculiar kind of sound, then he could; but if these muscles cannot initiate this or any other kind of sound—all agree they cannot and it would be a great calamity if they could—then he could not have this sound in his ear, unless started by the mill-gate.

The truth is, his ear muscles could as well initiate the sound of an ocean propeller or a Samoan wooden musical instrument, as initiate the mill-gate sound. It seems to me that this demonstrates that it was necessary for the water to start the sound, and the ear muscles to continue to imitate it, proving my propositions correct, namely: that the sound from the mill-gate and his mill-gate tinnitus had a positive relationship the one with the other, also that it is a faculty of the middle ear muscles to imitate sound.

I had a patient, a girl aged fifteen years, who was quite deaf, who acquired a muscular tinnitus while I was examining her ear with a tuning-fork. On its application to her ear she complained that the fork gave her ear "a ringing sound." This sound remained in her ear constantly for nearly two months. She was certain that she did not have any kind of sound in her ear before I placed the fork to her head.

The sound of this fork exactly suited the hyperæsthetic condition of her ear muscles and they continued to imitate the sound for nearly two months. I am convinced, from past experience that if I had not placed the tuning-fork to her ear, she would not have had a tinnitus of any kind, certainly not of that kind. No sounds made within her hearing but that of the tuning-fork exactly suited the pathological condition of her ear, and her ear could not initiate that kind of sound. Her ear might start a sound that could be produced by a repetition of rapid contractions and relaxations, producing a uniform sound, but not a sound that exactly resembles a tuning-fork.

**Action of the Middle Ear Muscles.**—If the stapedius muscle was affected with paralysis agitans, would it not produce a sound? Could there be a movement of the stapes without producing sound? Could there be a movement of the tensor tympani without producing sound with every contraction? All agree that motion of these muscles would produce sound.

These muscles are placed here to produce motion, and their action—be it noticed—is *not* to check the motion of the membrana tympani and stapes, but quite the opposite. I ask particular attention to these facts. Their position demonstrates very plainly that their action can amplify those motions occasioned by sound waves that the listener desires to hear plainly.

Their position as plainly shows that they *cannot resist* the motion produced by the sound waves. The contraction of one increases the inward motion of the membrana tympani, and the other, forces the base of the stapes into the internal ear, showing plainly that both can only move so as to imitate and amplify the impressions received from extrinsic sounds. They *must increase and imitate* the motions made by the sound waves *if they move at all*, and as we can hear certain desired sounds more distinctly than others, it follows that they amplify sound waves so as to magnify the desired sound.

**Uniform Sound of the Middle Ear.**—I account for the starting of the singing, ringing and purring sound in this way : The ear muscles are in such a peculiar hyperæsthetic condition that they cannot make their contractions exactly equal with any of the sound waves that are made near where the sufferer lives, consequently their contractions take on sufficient rapidity to form the singing, purring or ringing sounds. This can be done by a jar of the body or from any extrinsic sound. This tinnitus is maintained by a continuance of the hyperæsthetic condition of the muscles that made these contractions possible. I have a patient who has muscular tinnitus that resembles a purring sound, when the sound is not intense ; when intense it is a sharp ringing sound. Previous to being treated he found relief by riding on the cars and on hearing a brass band playing ; any very loud extrinsic noise, if continuous, was beneficial.

It is quite possible that some patients who have a ringing or uniform muscular tinnitus may visit some locality where a peculiar sound is formed that more exactly suits the hyperæsthetic condition of the ear muscles, then their ears will take on this sound, which will be a change in the kind of tinnitus. Instances of this kind are not at all uncommon.

**The Effect of Extrinsic Sounds on Ear-Sounds is the best Means of Forming a Differential Diagnosis.**—The ear sounds that are formed in the internal ear and its neighborhood, that is, vascular tinnitus, will not be decreased in any degree by the application of extrinsic sound, such for instance as that made by a faradic battery, etc., applied to the auditory meatus of the affected ear by a speaking tube. On the contrary many times the ear sounds are increased by extrinsic sounds.

All ear sounds that are formed by contractions of the muscles in the middle ear, that is, muscular tinnitus, will cease entirely or be greatly diminished the instant that an extrinsic sound is applied to the affected ear, and will remain absent or diminished while the extrinsic sound continues, showing that these outside sounds—if they are sufficiently strong—will control the contractions of the muscles of the middle ear, also showing that the middle ear muscles imitate sound, or else the extrinsic sound could not have controlled the intrinsic sound.

A person with vascular tinnitus will not hear conversation as well in a moving railroad coach as in a quiet room.

A person with a muscular tinnitus will hear a conversation in a moving railroad coach better than in a quiet room, because in a quiet room the middle ear muscles are engaged in making the contractions that cause the tinnitus, which prevents the ear from hearing conversation, while the normal ear of the person with whom he is conversing does not make any contractions, except those occasioned by the sounds that are addressed to him, consequently his ear is in condition to hear normally. In the moving railroad coach the noise of the car wheels compels the deaf ear to cease for the time being making contractions for the tinnitus and form contractions for the car wheels sound. These car wheel sounds are also made by the normal ear, consequently the normal ear and the deaf ear are on an equality or thereabouts and the hearing of both parties are about equal.

Those who have the small bones of the middle ear removed to relieve tinnitus aurium will not be able to amplify sounds; that is, they will not be able to hear in a moving railroad coach or in a crowded room. It is seen that only those who have muscular tinnitus can be benefited by operative procedures in the middle ear. Of course an operation in the middle ear may have a relieving effect upon a severe congestion in the internal ear through a loss of blood and thus relieve a vascular tinnitus.

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An Epidemic of Suicides seems to have occurred in St. Louis recently. In one day Judge Normile killed himself with prussic acid, Dr. Walter Coles lodged two bullets in his brain, Dr. Tolkatz shot himself in the head, and a number of others attempted to, or succeeded in their suicides.

TUBERCULOSIS OF JOINTS: TREATMENT BY IODOFORM INJECTIONS. By M. CLAY WYATT, A. M., M. D., Springfield, Mo.

A great impetus was given to the study of tuberculosis by the remarkable and timely discovery and contributions of Koch. Wonderful advancement has been made in its management and treatment.

In none of the varieties of tubercular disease has there been greater progress in the application of therapeutic remedies than in the *osseal* and *synovial* varieties.

Regarding these expressions of the disease as being distinctively local, we have adjusted our remedial measures so as to bring them into harmony with this well established fact, and results are being obtained that go far to render this opinion absolutely correct. It is generally acknowledged that in these *osseal* and *synovial* varieties of the tubercular process there is found little inclination to generalization of the morbid process, consequently therapeutic incasures have been adopted, which, when brought into immediate contact with the virulent matter, would serve to render it innocuous and lessen the danger of subsequent tissue infection. In a former article I adverted to the fact, and in this I desire to record some cases illustrative and confirmatory of this position.

However, before proceeding to do so, it will be of interest to consider a few statistics which will serve to indicate the relative frequency of such cases. It has been asserted by eminent surgeons that fifty per cent. of the cases who present themselves at surgical clinics for treatment have been found to be suffering from some form of tubercular disease. König declares that ninety per cent. of *osseal*, *synovial* and *arthritic* diseases are directly traceable to tubercular infection. This may be an extravagant statement and it may be well to take it "*cum grano salis*," but Koch will certainly not be accused of amplifying the truth when he declares that in a given number of cases presenting themselves before the *surgeon* between forty and fifty per cent. of them will be found to be afflicted with *tubercular* disease. Indeed, the frequency with which these cases are met, when contrasted with diseased conditions due to septic, syphilitic or rheumatic infection is a matter of profound interest, and is as remarkable as it is lamentable. A method of treatment admirably adapted to tubercular di-

sease of joints, and one which is at present on trial, is intra-articular injection of an emulsion of iodoform.

The following cases will serve to attest the value of this method of treating tuberculous disease of joints :

CASE I. J. G. received injury of the knee joint some months ago. At the time of injury it was treated by fomentations and rest. Swelling and pain persisted, and when he presented himself for treatment the knee was found to be badly swollen, painful and fluctuating. A large aspirating needle was introduced and considerable pus was drawn off. The joint was thoroughly washed out with an antiseptic fluid, after which I injected four drams of a fifteen per cent. emulsion of iodoform, dressed and bandaged the knee. Slight improvement followed upon this, but in a few days I detected a recurrence of the purulent collection. I again aspirated, irrigated and injected the cavity as before. After this the case showed decided improvement, and I continued to repeat the injection at intervals of two weeks for three months at which time the case was dismissed cured.

CASE II. W. E., aet., twenty-two. Family history of tuberculosis. Injured elbow by falling upon it. Little attention was given to it, but later it began to swell and became painful—and it was found in this condition when he applied for treatment. A diagnosis was made of tuberculosis of joint. Introduced an aspirating needle and drew off some fluid with a small amount of pus. This was followed by irrigation of joint and the injection of iodoform. After gentle manipulation I dressed and bandaged the joint. The injections were repeated every ten days or two weeks for four months, when perfect function was restored and the case dismissed.

CASE III. Euna D., synovial tuberculosis of ankle joint with sinuses. Joint was opened and necrosed tissue removed with sharp spoon; injection of iodoform, antiseptic dressings applied. Dressings removed in two weeks and joint again injected with iodoform.

The case went on and made an uninterrupted recovery with slight stiffness of joint. Ten injections were made in this case.

CASE IV. Ralph M., synovial tuberculosis of knee joint of six months' standing. Time of examination temp.

102 F. weak and emaciated. Injected six grains of iodoform emulsion and bandaged joint. Following day temp. 101 F. and resting better. Repeated the injection in ten days, and thereafter at intervals of two to three weeks for four months when the case was dismissed with fair use of limb. Constitutionally, I prescribed for him syr. hypophosphites comp., and codliver oil.

CASE V. Clara B., tuberculosis of hip joint. Purulent collection which was evacuated by aspiration; cavity thoroughly irrigated with antiseptic solution until all pus was removed, after which I injected six drams of iodoform emulsion. At this writing four injections have been made and the case is progressing nicely. In this case there is a history of tuberculosis. She was very weak, anæmic and considerably emaciated, cough, and temp. 102.5 F. She has improved noticeably under the administration of syr., hypophosphites comp., and codliver oil. In ten days after the first injection her temperature was normal.

CASE VI. shows that even in advanced tuberculosis of joints gratifying results may be obtained by this method of treatment. Harry P., tuberculosis of knee joint with sinus, erosion of cartilage and osseal necrosis.

Joint was opened and necrosed tissue removed with sharp spoon; cavity thoroughly washed out with antiseptic solution, filled with iodoform emulsion and packed with gauze, antiseptic dressings applied and bandaged. Ten days after the dressings were removed and injection repeated. The injections were continued at intervals of three weeks, and at the expiration of six months the case was discharged with firm ankylosis of knee. This was a case in which resection was apparently indicated, and the injections were employed to ascertain what effect they would have upon this case. The result was equally as satisfactory as could have been obtained by resorting to resection. It is not claimed by the advocates of this method of treating tuberculous joints that it is applicable to all cases, or that it will in all instances prove a success. But that it is a safe, satisfactory and justifiable method of treatment in the great majority of such cases, especially in the early stage of the disease before ulceration and necrosis have taken place or are too far advanced. Moreover, the claim is made that accumulating experiences abundantly substantiate and demonstrate the truth of this proposition.

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#### CHOLERA.

Our readers are no doubt fully acquainted with the ravages cholera has been making in Continental Europe, and the latest advices, far from being reassuring, seem to point to a probability of its spread in this country. As usual, the far East is responsible for its inception. It appears to have gained a firm foothold in Russia, despite all the efforts which have been made. To assume that these efforts are not intelligently directed would be to libel the Russian profession. Virchow speaks in the highest terms of the methods used, so far as they can be applied; but, unfortunately, there is a woeful lack of the most elementary sanitary conditions in the Czar's dominions. Germany and France have suffered to a great extent already and the end is not yet.

A curious phase, in connection with the present epidemic, seems to be the utter powerlessness of sanitary measures to check the progress of the disease. We have been so often regaled with glowing descriptions of what has been and may be accomplished by proper sanitation that it seems very odd that so little can be done in the presence of a real danger. It somewhat lessens faith in the potency of much lauded methods; or, it reinforces the old idea that it is easier to propose a plan than to carry it out.

So far as this country is concerned, we are safe as yet, but how long this safety will last cannot be definitely fixed. With ships in our ports bearing cholera-stricken passengers,



safety can no longer be claimed. While it is true that all the large cities and many of the smaller ones are urging certain sanitary measures, there are grounds to fear that these puny efforts will avail but little should the scourge ever gain a foothold. This country has passed through several epidemics which were terribly destructive of human life, and no good reason exists why one should not be terrible in its effects at this day.

This may be an alarmist method of looking at things, but in view of recent occurrences we are prepared for anything. It is a known fact that steamships have been quarantined at New York in a very peculiar manner. With cases of cholera in the steerage and none in the cabins, the passengers in the latter were forced to remain aboard and risk the chances of contracting the disease when it would have been as easy to place them upon barges or other boats and successfully isolate them without placing them in such a position of incurring the dread malady as they were forced to occupy. We do not know what precautions the authorities have been taking in regard to the mails, but we do know that we have received letters and journals from the cholera-infected districts, including Russia, and this mail matter did not present any evidence of having undergone any process calculated to destroy any germs which might prove infectious.

Every physician should certainly constitute himself a committee of one to see to it that all possible precautions are taken to prevent the inception of a cholera epidemic. We must keep this country free from the scourge, and vigilance should not be relaxed after it has apparently died out in Europe. We will hardly suffer from cholera this year; but when the Spring of 1893 is ushered in we may expect a visitation unless prompt and efficient measures are adopted and thoroughly carried out. To make any measure thorough it is absolutely necessary to make it followed by every one; and, in order to secure such a result, we know of no better plan than the one by which every practitioner will take a personal interest in the matter and have all his patients and their friends and relatives follow those rules which have been found the best under such circumstances. By doing this it will be unnecessary to adopt local and shot-gun quarantines. State Boards can only recommend measures, and cities can only partially

enforce them. It is the people themselves upon whom the entire responsibility falls, and if they are made to understand the gravity of the situation but little difficulty will be experienced in obtaining their hearty co-operation.

#### EDITORIAL NOTES.

**SMALL-POX IN AN INSANE ASYLUM** is certainly to be dreaded. As an exchange pertinently remarks: It is difficult to say whether acute insanity in a hospital or small-pox in a lunatic asylum is worse placed. But this is the choice of evils at present before the authorities of Halifax, or rather before the unfortunate patients who are affected respectively with these dire maladies. There are said to be over twenty small-pox patients in the borough hospital, which is already over-full. It contains, among other cases, twelve acute cases of insanity. Some of these have been certified and sent to one or other of the asylums of the West Riding. But the authorities of the asylum have refused to receive them in consequence of the existence of small-pox in the hospital. It would be interesting to know how far they are acting legally in refusing admission to duly certified cases on this ground. One remedy is obvious—the free revaccination of exposed patients and attendants. This, with an isolation ward for any doubtful cases, would remove all difficulty.

**THE DANGERS OF READY-MADE GARMENTS** is not a fable. One of our cotemporaries recently took notice of the suspicion of uncleanness which we fear must, at all events under present conditions of trade, remain inseparably connected with our clothes, and especially with all bought underwear. So long as it is customary for clothiers to send out, practically at random, their material in the form of piecework, so long will it be impossible to guarantee either its wholesome or its cleanly condition. Neither can it be denied that the inconvenience and even danger implied in this practice are much enhanced by the prevalent system of "sweating." While this continues anything like effective cleanliness is hardly to be looked for, and we have in that fact a substantial reason for the repression of this injurious form of forced labor. Were it abandoned the selection and supervision of suitable homes in which piecework might be carried on would at least be much

easier than it is at present. The case of public laundries is at once different and similar. Thanks to the nature of the work there is less risk of impurity. We should nevertheless be pleased to see some form of inspection applied to these establishments. As to the needless, haphazard and thoroughly unbusiness-like practice of trying on underclothing forwarded on approval, the sooner this is discontinued the better. In existing circumstances every purchaser of ready-made clothing must understand that he has really no protection against the activities either of contagious germs or of the more evident animalcules save the maxim, *caveat emptor*.

DUST, UPHOLSTERY AND DISEASE seem to be intimately connected. Householders in furnishing would do well to remember that the ordinary practice of covering a floor with a carpet is not without its disadvantages, even its dangers (*Lancet*), the particles which give substance to the pure search light of a sunbeam as it penetrates the window pane are of the most varied character. Harmless as are very many of them, there are also many more possessed of true morbid energy and capable of almost unlimited multiplication. Anyone can see, therefore, how, when sheltered in dusty woollen hangings, chair upholstery and carpets, they render these articles veritable harbors of disease. The less we have of such the better, especially in bedrooms. Some practical deductions naturally suggest themselves. As to curtains and carpets, it is but rational that they should, as a rule, consist of the smoother and harder fabrics which will bear thorough and frequent brushing. If thicker floorcloths and rugs be used, they should be in such size and arrangement that they can be readily taken up and beaten. It is but part of the same argument to say that as much of the floor as possible should be either varnished or laid with oilcloth, so as to allow of frequent cleansing. Cane and leather, for a like reason, are incomparably superior to the richest upholstery when we come to speak of general furniture. Some, perhaps, may imagine that in making these observations we treat this matter too much as a hobby. Only one circumstance, however, is required in order to convince any such of their real and practical significance, and that is the actual presence of infectious disease. When this appears all forms of cumbrous

comfort in the apartment must give place not merely to a freer and simpler arrangement, but even to bare, sunlit, and airy desolation.

THE DANGER OF FLATS has never been fully appreciated. One of the difficulties connected with our big cities is the price of land, and the consequence of this is that we are crowding together a number of houses and dwellings on a very limited area of ground (*Ex.*). In addition to this it is a "fashion" of the present day to occupy flats in some one or other of the big mansions that have been erected in various parts, in imitation of the monster hotels of London and other large towns. This life in community is considered cheaper and more independent; fewer servants are required, and the flat or suite of rooms can be locked up and the key deposited with the porter from time to time during the temporary absence of the occupants whenever they may desire to be away. Still this system is not without its disadvantages, hygienic and otherwise, as well as its inconveniencies, to say nothing of its possible dangers. In the first place, in many of these flats everything is sacrificed to their so-called reception rooms. There is a dining room large enough for twelve or twenty guests, with a kitchen and scullery accommodation that would not suffice to cook and prepare the food for half a dozen. Then the servants' accommodation is frequently of such a cramped and unsatisfactory character that it is a wonder that servants—whose tastes and requirements nowadays are often fastidious and somewhat exacting—are willing to live in the apartments appropriated to their use. They are generally dark and placed at the back, without any look-out beyond a blank wall, another block of flats, or the gable end of some building. But from a hygienic point of view, can anything be worse than a mansion of flats where each floor ventilates into those above and below, and the lifts, or, as the Americans call them, the elevators, pump the air from one floor to the other as they go up and down just as if they were designed for the purpose? The separate families living on the different flats form a community under one and the same roof, with a common atmosphere and a common funnel for the circulation of that atmosphere, without any renewal from without, from one flat to the other. A recent catastrophe has demonstrated the danger of this state of things in the case of

fire, and it has served at the same time to indicate what might very possibly happen in case of an outbreak of infectious disease. This might spread, like a fire, from one tier to the other by means of the lift, with the same facility as a visitor would make a call, or a portmanteau be transported from the first to the fifteenth floor, by that channel of intercommunication—the elevator!

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CORRECTION.—The types got mixed on us in our last issue and made it appear that the illustration on page 250 was one showing the effect of Papain as a Digestive, whereas it should have been *Papoid*. We make this correction in order to remove any false impression which might exist, more particularly as there is an article on the market bearing the former name. We gladly make this correction and would earnestly ask our readers to make a note of it. The printers will have to bear the blame this time, and it is our most sincere desire that our readers will note the correction.

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### Microscopy.

**Easily Made Wooden Forceps.**—Wooden forceps for handling coverglass preparations, placing them in or removing them from staining solutions, acids, etc., are easily and rapidly made from ordinary wooden toothpicks, such as you find at every lunch counter. Take three toothpicks, and cut one of them off about an inch from the broad or wedge-shaped



Fig. 5.

point. Dip the ends of the two whole ones into glue; and also put a little glue on the short piece and unite them as shown in the cut. Wrap a bit of thread or fine wire around the glued end and set aside to dry. A dozen of them can be made in five minutes or less and they answer all the purposes of the forceps bought from the instrument makers for twenty-five cents apiece.

**Differentiation of *Bacillus Coli Communis* and *Bacillus* of Typhoid.**—In the course of an article on *bacillus*

*typhoides*, in the *Lyon Médical*, M. Roux says: MM. Chantemesse and Vidal have discovered a method of differentiating the bacillus of typhoid (bacillus of Eberth) from the bacillus coli communis by testing with sugar. According to them the latter alone will cause fermentation in sugar preparations, and particularly in lactose. M. Roux, in principle, denied this fact; but in the experiments which he made, it appears that he used galactose, which had been supplied to him instead of lactose. With galactose both bacilli produce fermentation. M. Roux repeated his experiments, using lactose, and the result was a complete vindication of the discovery of MM. Chantemesse and Vidal; in other words, he found that only the *bacillus coli* produced fermentation, *bacillus typhoides* remaining inert. The fermentation of lactose varies in intensity according to the variety of the *bacillus coli*. M. Roux states that a bacillus derived from a suppurating kidney, which had all the morphological appearances of *bacillus typhoides*, but which caused active fermentation in lactose. He therefore classed it as a *bacillus coli*. That microbe, after pure culture and injection into guinea pigs, no longer caused fermentation in lactose, and seemed endowed with all the characters of *bacillus typhoides*. M. Roux, therefore, concludes that Eberth's bacillus is simply an enfeebled *bacillus coli*, having a certain intensity but not being sufficiently powerful in action to cause fermentation in lactose, which is the sugar most resistant to ferments of all kinds. The morphological differences in the bacilli which have hitherto been observed are of little value compared to this test of ability to ferment lactose. In the opinion of M. Roux, therefore, Eberth's is not a specific bacillus. If such be the case, what are the conditions which give the *bacillus coli* its typhoid-producing properties? Is it in the sewers or in the intestines that they acquire their pathogenic and virulent modifications? This will be a matter for future experiments to elucidate.

F. L. J.

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**Southern Surgical and Gynecological Association.**—By order of the Council, the Annual Meeting of the Association has been postponed from the 8th, 9th and 10th, until the 15th, 16th and 17th, of November. It was thought wise to change the time of the meeting from the fact that the 8th of November is the date of the Presidential election. Everything points to a very successful session.

## Dermatology and Genito-Urinary Diseases.

**Latent Gonorrhœa in Woman.**—Much has been written upon this subject, but I do not remember having seen the condition described which has suggested itself to me as a possibility. Whilst I have had no opportunity of verifying it, clinically, it is so potent that its probability will be accepted by every one. As is well known, the female urethra contains two small tubular glands, opening outwards, and having a valve-like opening. These are Skene's glands, or tubules, which are easily demonstrated, as I have proven to my satisfaction and to my medical class. Now, the gonorrhœal process frequently attacks the female urethra and what more natural than that the pus should penetrate into these tubules? Once having lodged there we have the virulent agent located in a crypt in such manner that any vaginal injection will fail to reach it; and, when the urine is passed, it closes the valvular opening of the tubule, thus preventing an escape of pus. If an examination be made, nothing is apparent and the female appears intact. But, if the finger be passed along the posterior surface of the anterior wall of the vagina the pus will be forced out of these tubules and will exude through the meatus urinarius. Such a condition easily explains how an apparently intact woman can infect a man with gonorrhœa, and explains an apparently latent case of the disease. To remedy such a condition the introduction of chromic acid into each tubule will induce a destructive suppuration and obliteration of these troublesome mucous glands.

**Pemphigus Neonatorum.**—During an epidemic in the Lying-in Hospital at Göteborg, in which 134 out of 216 children were affected, and in which two mothers who nursed their children suffered from pemphigus of the mamma, Almquist (*Archiv. für Derm. und Syph.*) investigated the virus bacteriologically. In the cases of nine of the children in which investigations were made, the same coccus was found in large numbers in the bullæ. This coccus was very like staphylococcus aureus, and grew readily at ordinary room temperature. Two inoculations with pure cultures on the author's arm produced, after a short period of incubation, first redness, and,

after two or three days, typical pemphigus bullæ, which healed without any constitutional disturbance.

**Changes in the Blood Produced by Syphilis and by Mercury.**—Bieganski (*Archiv. für Derm. and Syph.*) concludes from an exhaustive investigation of the number and relative proportions of the white and red corpuscles of the blood in syphilitic persons that 1°. under the influence of the syphilitic poison the number of the red corpuscles does not vary for a long time. 2°. The number of the white corpuscles increases. 3°. Of the white corpuscles the increase is chiefly in those with one nucleus, those with multiple nuclei being correspondingly diminished. 4°. The color of the blood (the proportion of hæmoglobin) is considerably less. 5°. Through the action of mercury the number of red corpuscles is subject to numerous variations caused by the greater or less thickening of the blood, and independent of the general condition of the nutrition of the patient. 6°. Under the influence of mercury the number of white corpuscles diminishes, and the relation of the white to the red corpuscles becomes nearly normal. 7°. Of the white corpuscles the number of those with one nucleus diminishes, and the percentage of multinuclear cells is greater. 8°. The proportion of hæmoglobin increases under the influence of mercury. 9°. In the true anæmia which follows the exhibition of large quantities of mercury the red corpuscles are subject to a change which chiefly affects their consistence (breaking up of the corpuscles, megalocytes, etc.).

**Treatment of Erysipelas.**—Cavazzani (*Gl. Incurabili*) draws attention to a plan of treatment first advocated by him for erysipelas as long ago as 1867. It consists in the application every two hours to the affected part by means of a brush of the following mixture:

R Tannin,	
Camphor.....	33.....1 part.
Ether.....	5 parts.

With this simple treatment highly successful results are recorded in one hundred cases of varying severity. In another series of five cases the author applied in the same way a one per cent. alcoholic solution of fuchsine with quite satisfactory results. As to the mode of action and the general efficacy of this latter application he refrains from making any suggestions



till a further trial has been made. Sachs (*Bull. Gén. de Thérapeutique*) places on record four cases of erysipelas which progressed most favorably under the influence of ichthyol. The drug was employed dissolved in collodion in the proportion of one in ten, and was applied by means of a brush to the affected region.

**Primary Actinomycosis of the Skin in Man.**—D. Majocchi (*Rif. Med.*) distinguishes two forms of cutaneous actinomycosis in man—the anthracoid and the ulcerative fungating forms. The following is the history of a case belonging to the latter category: The patient was a strong man of fifty-two, with excellent general health, and no trouble save with his teeth, many of which he had lost. Three months after the last visit to the dentist there appeared a swelling near the angle of the jaw, and a little later two others, which extended to the mastoid process. They were hard at the base and distinct from the neighboring glands, but were softer towards their centres. The lymphatic glands were hardly affected. The swellings gave no pain unless they were pressed at their bases. On being opened they gave exit to a little pus mixed with yellowish granules, which required slight pressure to dislodge them. The body of the tumors appeared cribriform, the meshes containing granular pus. The general characters of the tumors, and the fact that the neighboring glands were unaffected, led to the diagnosis of actinomycosis, which was afterwards confirmed by microscopic examination. The author thinks that the door of entry in this case was certainly the mouth, rendered vulnerable by the condition of the teeth.

**Tabes Dorsalis and Syphilis.**—In a recent number of the *Berliner Klinische Wochenschrift* Professor Erb gave additional support to his well-known views in regard to the close connection between tabes dorsalis and syphilis. These again have lately been called in question by Professor Leyden, and now an abstract of Professor Erb's reply appears in the *Neurologische Centralblatt*. Professor Leyden had called in question the reliability of Professor Erb's statistical proofs, but to this the latter retorts that if in a number of patients suffering from certain conditions eighty to ninety per cent. of those are found to have suffered from syphilis, while in a similar number suffering from other diseases only twenty per cent. have had syphilis, there seems to be good grounds for

postulating a causal connection between the two conditions. Professor Leyden's second objection is the inefficacy of anti-syphilitic remedies in *tabes dorsalis*, but to this Professor Erb's answer is that the success of such drugs is not necessary in order to establish a diagnosis of syphilis, and that there are many cases of tertiary syphilis affecting the brain and spinal cord in which mercury and iodide of potassium are quite inefficacious. Professor Leyden's third point is the dissimilarity of the morbid anatomy in cases of *tabes dorsalis* and tertiary syphilis, but, as Professor Erb points out, it is a matter of extreme difficulty, even impossibility, to say in such cases what is syphilitic and what is not in the various morbid conditions found; and he finally concludes by expressing the opinion that in the great majority of cases of *tabes dorsalis* there is a distinct causal connection between that condition and syphilis.

O-D.

### Excerpts from Russian and Polish Literature.

**Quinine in Asiatic Cholera.**—In a preliminary note in the *Vratch*, No. 33, 1892, p. 841, Dr. A. Niedzwiedcki (pron. Nedzvedtzkee; a Polish name), of Minsk, West Russia, writes that he obtained "brilliant results" in cases of Asiatic cholera from subcutaneous injections of bihydrochlorate of quinine (*quinina bihydrochlorica vel Bimuriatica*). The following formula is recommended by the writer:

R Quininae bihydrochloricæ..... 30 grammes.  
 Aquæ destillatæ ebullientis, q. s. ad. 100 fl. grammes.  
 Sodii chloridi..... 0.6 gramme.

M.D.S. To inject two (Lewin's) syringefuls (1.2 gramme of the bimuriate) on the first day; later on, from one to two syringefuls daily, according to the necessities of the given case.

Hydrochlorate of quinine may be also used, but, the salt being less soluble, larger doses should be administered. As adjuvants, the author employs morphine hypodermically (to alleviate epigastric and intestinal pain, and cramps), enemata with tannic acid, and, after the subsidence of vomiting, salicylate of bismuth with opium and quinine internally in the algid stage; subcutaneous transfusions of a tepid (blood-warm) physiological solution of chloride of sodium should be at once

resorted to. The author states, further, that quinine (presumably, internally) affords "the best prophylactic means against cholera."

According to his theory, cholera is nothing else than "*malaria larvata epidemica perniciosa*," for 1°. the blood of cholera patients contains large numbers of plasmodia of irregular malarial fever; and 2°. quinine proves "brilliantly" efficacious in cholera. [In an editorial note, Professor N. A. Manasseïn draws the author's attention to the fact that the question of a malarial origin of cholera has been already discussed more than once, and always ultimately answered in a negative sense.—The reporter ventures to suggest that Dr. Niedzwiedcki's "proofs" are, in reality, no proofs at all. The presence of malarial plasmodia in his cholera patients can be easily accounted for by the circumstance that he practices in a classical malarial region. As to quinine—even if we would grant that its anticholeraic effect will actually prove to be as pronounced as claimed by the author—the fact cannot possibly be taken as an unequivocal evidence in favor of a malarial nature of cholera, since the drug is apt to give "brilliant results" not only in malarial affections, but almost in all non-malarial diseases requiring the administration of tonic agents.—Reporter].

**Treatment of Asiatic Cholera.**—Dr. Afonasy S. Shtcherbakoff, *Sanitarnyi Vrach* (Medical Officer of Health) of Rostov-on-Don, publishes (*Bolnitchnata Gazeta Botkina*, No. 31, 1892, p. 729), a report on an epidemic of cholera which is now raging in the town (numbering about 62,000 inhabitants). As many as 1,215 persons fell ill during the period of 13th till 29th July, of whom 517, or 42.5 per cent. succumbed to the disease. Like anywhere else, the working classes are mainly decimated by the "formidable guest" which is said to have visited Russia in the capacity of an "avenger for sanitary and hygienic errors and crimes," [if so, then the "avenger" is blind and unjust, since up to the present he has been slaughtering the least guilty, the most helpless and most powerless offenders.—Reporter]. The writer's experience has shown that in recent cases the treatment proves to be successful. Especially hot baths are found to act most beneficially, while in cases of sudden or fulminant illness the following drops are of great service :

R Herbæ Menthæ piperitæ.....	Jas
Croci orientalis.....	℥ij
Opil puri.....	℥iv
Radiolis Valerianæ.....	℥j
Radiolis Rhei.....	℥ss

Infunde in spiritus vini rectificati fl. lb. ℥j. digere per octo dies deinde filtra.

Cui adde :

Tincturæ Rhei amarsæ, Ph. Ross.....	℥ss
Ætheris sulphurici.....	℥j
Tincturæ opii crocatæ, Ph. Ross.....	℥ij
Olei Menthæ piperitæ.....	Jas

M.D.S. To give thirty drops in a small-sized wine-glassful of some good wine, every one-half hour or every hour, according to the course of the attack.

Simultaneously, some hot drink (tea, infusion of chamomile or mint, etc.) should be frequently administered, and the whole body thoroughly rubbed with spirits of camphor; enemata with tannic acid, and hypodermic injections of a saline solution are also valuable. In algid cases, however, any treatment is said to remain useless.

[*Tinctura Rhei. amara spiritiuosa* (Vel. *tinct. Rhei. composita*) Ph. Ross., is made of thirty-two parts of rhubarb, eight of gentian, three of serpentaria, and 384 of a 70 per cent. rectified spirit. *Tinctura opii crocata* (vel *laudanum liquidum Sydenham*, vel *laudanum liquidum*) Ph. Ross., is prepared of sixteen parts of opium, six of crocus, one *caryophylli*, one *cortex cinnamomi cassiæ*, and 152 *vinum Xerense*. Ten parts of the tincture are equivalent to one part of opium powder.—*Reporter*.]

**Diaphterin as an Antiseptic.**—Dr. Klecki (pron. Kletz-kee; a Polish name), of Minsk, has examined (*Gazeta Lekarska*, No. 34, 1892, p. 754) a comparative action of various antiseptic drugs on the *staphylococcus aureus* (in pure cultivation). He has found that the vitality of the microbe is destroyed by a one per cent. solution of carbolic acid; a one per cent. one of creolin; a three per cent. of bromic acid; a one per cent. of thymol; a 0.3 per cent of solution of equal parts of borax and salicylic acid; a three per cent. solution of aseptol; a five per mille one of salicylic acid, a five per mille of lysol; and a two per mille solution of diaphterin (oxychinaseptol). The author's clinical experience justifies him to warmly

recommend diaphtherin as a most valuable antiseptic agent, which possesses a great advantage in its never causing any exanthemata and altogether being free from any toxic properties. As a means for disinfecting surgical instruments, however, the drug is unsuitable (the reason not stated).

[Dr. Klecki's statements are, therefore, fully in accord with those recently published by Drs. Kronacher and Emerich (*Muenchener Medizinische Wochenschrift*, May 10, 1892; cf. also the supplement to the *British Medical Journal*, June 4, 1892, p. 92. Kronacher has found diaphtherin especially useful in cases of burns and ulcers of the leg.—*Reporter*].

**Cocaine as a Surgical Anæsthetic.**—At the Fourth General Meeting of Polish Surgeons which has been recently held at Carlow, Dr. Gabryszewski (pron. Gabreeshevskee) read (*Gazeta Lekarska*, No. 33, 1892, p. 731) a paper on the subject based on several hundreds of cases from Professor Rydygier's clinic. In the clinic the cocaine anæsthesia is resorted to not only in cases of minor operations, but also in those of hermiotomy, exploratory abdominal section, extirpation of glands, certain operations on bones, etc. The author uses a 2.5 per cent. solution, injecting up to 0.05 gramme of the alkaloid when operating on limbs, but never exceeding 0.02 gramme in operations about the head. Even operations on bones can be made totally painless by means of injections. The cocaine anæsthesia offers the advantage over the chloroform narcosis in its leaving the patient's unconsciousness intact, and in its being dangerless; provided, of course, the procedure is carried out by experienced and competent hands.

VALERIUS IDELSON, M. D.

Berne, Switzerland.

**The English Disease.**—The poor, unenlightened Mohammedans of Damascus, who couldn't be expected to know better, call drunken men victims of "the English disease."

**The Way it Comes.**—The *St. James' Gazette* of August 29, commenting on the cholera, says: "If we continue to allow foreigners to settle in our midst, we will have frequent epidemics." If the foreigners that "settle in our midst" are comma bacilli, there is no doubt that cholera will follow, and we can but admire the logical discernment of our grammatical contemporary.

## Medical Progress.

### THERAPEUTICS.

Inozemtsoff's drops, or *tinctura anticholerica*, are dispensed after the following formula :

R	Tincturæ rhei vinosæ.....	80 grammes.
	Tincturæ strychni seminis.....	3 grammes.
	Tincturæ castorei canadensis,	
	Tincturæ opii simplicis <i>Ph. Rossicæ</i> ,	
	Tincturæ valerianæ ætheresæ,	
	Spiritus ætheris.....	ana 5 grammes.
	Spiritus menthæ piperitæ Anglicæ.....	10 grammes.

M.D.S.—To give from fifteen to twenty drops every fifteen minutes.

**Cholera Nostras.**—L. E. Dupuy describes the treatment at l'Hôpital St. Denis as follows (*Prov. Med. Jour.*): From the 11th of May to the 4th of July, 1892, sixteen cases of cholera nostras and of choleraic diarrhœa had been admitted. The term "cholera" is applied only to the cases in which the classical symptoms were all present: vomiting, rice-water evacuations, anuria, cramp, coldness of the extremities, cyanosis and Koch's bacillus. The others, in which any of these were absent, even when fatal, are placed in the second category. Of the nine cases of cholera, six have proved fatal, one was cured, and two (July 9th) were still under treatment. Of the seven cases of choleraic diarrhœa, five were cured and two died. It should be remarked that each of the sufferers from the more fatal disease had been in the habit of drinking from the polluted water of the Seine, and that several were drunkards.

In the *Journal de Médecine de Paris*, of July 24th, we read that the disease continues its ravages in that city and its environs, claiming every day "a score of victims." It does not appear, however, that the death rate is higher than is usual at this time of the year, and the water of the Seine, which is credited, and it would seem on good grounds, with being the vehicle of so much disease, does not happen now to be the only *fons et origo mali*, for all the more recent cases have come

from districts where artesian well water is exclusively used, but still from amongst the more wretched of the population.

As regards treatment: that in vogue is, the external application of warmth and the administration of lactic acid and paregoric. A favorite formula is:

Lactic acid.....	10 grammes.
Simple syrup.....	20 grammes.
Tincture of orange peel.....	2 grammes.
Water to.....	1 litre.

Give three tablespoonfuls every quarter of an hour.

For relief of the vomiting, ice and soda-water are recommended; and for the pain, 20 drops of paregoric every hour, or Laussedat's elixir may be given:

Ethereal tincture of valerian.....	5 grammes.
Wine of opium.....	1 gramme.
Essence of peppermint.....	5 drops.
Spirit of ether.....	5 grammes.

Twenty-five drops after each motion or emesis.

M. Bucquoy (of l'Hôtel Dieu) tried the lactic acid in two cases, and thought it did more harm than good. He prefers:

Tincture of canella.....	10 grammes.
Sub-nitrate of bismuth.....	4 grammes.
Wine of opium.....	0.75 grammes.
Mucilage.....	100 grammes.

One tablespoonful every two hours, but he regards paregoric as one of the most valuable anti-choleraic remedies we possess.

**Treatment of Cholera.**—Enteroclysis is warmly recommended by Cantani, a mixture of laudanum and tannic acid being employed (*Med. News*). The following is the procedure: If a slight attack of a seemingly simple diarrhoea does not yield at once to rest in bed and the administration of a dose or two of warm infusion of chamomile, to which chlorodyne or laudanum has been added in proper quantity, then recourse should be had, without loss of time, to the warm enteroclysis of tannic acid. This enteroclysis is essentially an injection into the colon, per rectum, of a considerable quantity of warm water holding in solution a certain percentage of tannin. The rectal syringe, by means of which the injection is made, is furnished with an elastic tube three meters in length, with a nozzle at the free extremity and a cock at the proximal end. With such an instrument not

only the whole length of the colon can be filled with the desired fluid, but also not infrequently a quantity can be made to pass beyond the ileo-cecal valve into the small intestine.

The tannic solution recommended by Cantani is constituted for an adult as follows :

℞ Boiled water or infusion of chamomile, warm.	.2 liters.
Tannin.....	.5 to 10 grams.
Laudanum.....	30 to 50 drops.
Powdered gum arable.....	50 grams.

The temperature of the mixture and the quantity to be injected should vary according to the age of the patient and other circumstances, in the judgment of the physician. The most convenient time for the administration of an enteroclysis is immediately following an evacuation. (Shakespeare.)

**Cholera Mixture.**—The following is the cholera mixture of the British army :

℞ Ol. anisi,	
Ol. cajeput.,	
Ol. juniperi.....	āā ℥ij
Ætheris.....	℥j
Liq. acid. Haller.....	℥j
Tinct. cinnam.....	℥iv.

M.

Sig.: Ten to fifteen drops in a tablespoonful of water every fifteen minutes.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Menstruation in an Infant.**—O. E. Tchernomordik, of Tchashniki, relates (*Vratch*) the case of a normally developed and generally healthy girl who has been regularly menstruating since February 1891, when she was not quite one year old. The hæmorrhage recurs every four weeks, lasting on each occasion four or five days, and being accompanied by occasional pain about the hypogastrium. The first menstruation was preceded by some fever, an urticaria-like rash over the whole body, and general restlessness lasting for three days. The symptoms subsided with the appearance of the bleeding. The girl's mother is somewhat nervous but otherwise healthy. She began to menstruate about the age of fifteen.

**Protective Inoculation of Animals against Cholera Asiatica.**—Brieger and Wassermann publish (*Deutsch. med. Wochenschr.*) the results of their further investigations into



this subject. Cholera bacilli were grown for twenty-four hours upon a watery extract of calf's thymus. The culture medium was then kept at 65° C. for fifteen minutes or at 80° C. for ten minutes, and subsequently placed in the ice chest for twenty-four hours. Intraperitoneal injections of this fluid were made upon guinea-pigs, which thereafter proved immune to cholera bacilli of such virulence as to produce rapid death in the control animals. The minimal dose necessary to protect a guinea-pig of from 300 to 400 g. weight against a fatal dose of cholera culture was 2 c. c. (1 c. c. injected on two successive days). The authors find that an equal effect is produced when the infected thymo-extract has been merely set aside in an ice chest for several days without any warning. Precisely similar results were obtained with ordinary bouillon cultures of cholera bacilli, which had been kept at 65° C. for fifteen minutes. In this case also 2 c. c. was the minimal dose necessary to confer protection, which was still complete after the lapse of two months. A more detailed communication is promised.

#### DISEASES OF WOMEN AND CHILDREN.

**Atrophy of the Uterus in Young Women.**—Gottschalk (*Volkmann's Sammlung klin. Vorträge*) devotes a monograph to this important subject, so closely associated with sterility. He gives clinical histories of a large number of cases which he has observed in girls and young women. Without any doubt atrophy of the uterus is often the direct or indirect result of scarlet fever, typhoid fever, and acute articular rheumatism. The uterus may be directly involved—indeed, ovarian disease, particularly scarlatinal oöphoritis, often proceeds slowly, and undergoes spontaneous cure, though when severe or very chronic it usually involves uterine atrophy. Gottschalk particularly notes that in four of his cases the patients were attacked by typhoid fever at the time of their first menstruation. These researches are held to show that it is necessary to maintain tonic treatment in all cases of the above-named acute diseases, when they attack young women, long after the disappearance of fever. The return of strength is then usually followed by the appearance of the period. Santonin and permanganate of potassium seem to hasten the disappearance of amenorrhœa. The pelvis must be explored,

and if the ovaries feel enlarged, warm baths, iodine, and ichthyol will be needed. Should this complication be neglected, the atrophic condition of the uterus will soon become incurable.

**Easy Labors in Cases of Contracted Pelvis.**—Tarnier (*Journal des Sages Femmes*) warns his pupils against the fallacy that because a woman has had three or four easy labors the next future labor will certainly be easy. The contrary is often the case. Every day we see instances of women with a conjugate of nine centimetres (three and one-half inches) delivered spontaneously. After four or five such labors the next proves difficult. The explanation is not always easy; probable the size of the foetal head had not been estimated or measured, proving larger in the last than in earlier labors. When a student, Professor Tarnier once was summoned to a case, and found a big baby in a cradle. It was big when born the mother said. On examining the mother, who was in labor, he found that the pelvis was contracted. The previous child had been delivered spontaneously. The labor in hand proved very difficult, and could not be concluded without the use of the cephalotrite.

#### SURGERY.

**Gastrostomy for Stricture of Œsophagus at the Age of Four.**—Eventual Restoration of the Normal Passage. —A girl, æt. 4, was admitted into the Victoria Hospital for Children, in July, 1889. Seven weeks previous she swallowed some caustic soda (*Prov. Med. Jour*). At the time of her admission she was unable to swallow anything at all, and a bougie was arrested at six inches from the teeth. During August she was fed entirely by nutrient enemata, and no bougies were passed, so as to give absolute rest to the œsophagus. In September, although she had materially improved in general condition, no instrument could be passed through the stricture. On September 13th, the œsophagus was opened in the neck with the hope of being able to reach the stricture. The obstruction was found, however, to be within the thorax. After these wounds were closed with suturing, the first stage of gastrostomy was carried out by means of harelip pins. Five days afterwards the stomach was opened and the child fed through the gastric fistula.

January 27th, 1890, a very small whalebone bougie was at last passed through the œsophageal stricture, and after many months of varying success, No. 14 œsophageal bougie was eventually passed with ease. During 1891 this large bougie was passed about once a month and the plug removed from the gastric opening. Attempts to close this opening were subsequently made by passing the actual cautery along the sinus, and it is now absolutely closed, May 1892. She is in perfect health, and comes to the hospital once in six weeks to have the bougie (No. 14) passed. No contraction can be felt. The points of interest are: —1. The age of the patient. 2. That after gastrostomy the œsophageal stricture was eventually dilated and the passage restored to its natural functions.

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### Book Reviews.

**Book on the Physician Himself and Things which Concern His Success.** By D. W. CATHELL, M. D. Tenth Edition. Carefully Revised and Greatly Enlarged. (Author's Last Revision). 8vo. pp. 343. [Philadelphia: The F. A. Davis Co. 1892. Price, \$2.00 net.

It seems almost superfluous to speak upon this book. It is so well known that few physicians have not read it. To those who are not acquainted with it, we would say, buy it. It contains those little things upon which physicians desire information almost daily. It deals with the true ethics of medical practice, and embodies within its covers a vast amount of good advice based upon a practical experience of the various incidents which enter in upon a physician's daily life. We cannot but feel impressed by the thoughtfulness of the author, as well as his ability, to cover such a large field in such a small number of pages.

That the book is popular goes without saying. It has gone through ten editions in as many years, this being sufficient evidence of the demand there has been for it. The only fault which we have to find with it, if fault it may be called, is that it is seemingly written for the physician. In our opinion it should be placed in the hands of every medical

student as a guide to direct his future movements. Let a student once master the precepts and advice contained in this work and he will begin his professional career in a much more satisfactory manner than if he first drifts about and then only consults it when much precious time and opportunity will have been wasted. By reading it in time many mistakes, often costly, will be avoided and many errors will be saved and heartburnings spared to him who is endeavoring to climb the rugged path to medical prominence.

We do not usually prophesy, but we think that we are justified in the prediction that, unless the present edition is an enormous one, an eleventh will be called for and issued in a short time. The publishers have produced this one in such a pleasing form that it will be an ornament to any physician's library, and deservedly so.

**Transactions of the Medical Society of the State of New York, For the year 1892. 8vo. pp. 540. [Published for the Society. 1892.**

The high standard of excellence which has heretofore characterized these transactions is still a prominent feature. The papers are uniformly good and, taken altogether, they constitute a reflex of the best labors of the most prominent men of the medical profession of the Empire State. That this Society is earnest in its work and accomplishes a great deal in a comparatively short time, is manifest from the evidence before us. A great principle has been made use of, and one which could be successfully followed by many other State societies—all the time is utilized for the benefit of the science and art of medicine, useless and interminable discussions upon legislative matters (which are merely time-destroying devices) being almost entirely eliminated.

We cannot analyze the different papers here. They have nearly all been already published in medical journals. In this volume they are presented to us in a permanent form which is gotten up in Dornan's best style. The Society issuing these transactions can well afford to feel proud of them as well as of the form in which they are presented. We desire, in addition, to compliment the Publication Committee upon the promptness displayed by it in the issuance of the volume.

**The Diseases of the Stomach. By DR. C. A. EWALD.**

Authorized Translation from the Second German Edition with Special Additions by the Author. By MORRIS MANGES, A. M., M. D., 8vo. pp. 497. With thirty illustrations. [New York : D. Appleton and Company. 1892.]

The name of Dr. Ewald is particularly well known in connection with the physiology of digestion, he having written a work on this subject. The present volume is a continuation of this, dealing with the various morbid processes connected with the stomach. Whilst this is a translation of the second German Edition, it is practically the same as the third shortly to be issued, as the author revised the manuscript of the translator making all those additions contemplated in the forthcoming new German edition. The next volume in this series, and one which we hope to see in print ere long, will be devoted to the diseases of the intestines, thus completing a thorough treatise upon the physiological and pathological processes of the gastro-intestinal canal, in its entirety.

The work before us is divided into twelve lectures, the first two being devoted to a very important subject. It is one to which the author has made most important contributions and valuable ones as well. The methods of examination, which are described in these two lectures, including the technique, are worthy of careful consideration and study. The stenoses and strictures of the cardiac, and pyloric orifices of the stomach are the subjects of the next two lectures. In lecture IV, dilatation of the stomach as well as megastria and gastrectasia are considered. In the succeeding two lectures cancer of the stomach and ulcer of the stomach are the subjects of the author's remarks. We note that the author does not call attention to gummata of the stomach, which closely simulates round ulcer in its incipient stage.

The inflammations of the coats of the stomach, both idiopathic and sympathetic, as well as toxic gastritis, form the subject-matter of lecture VII, the next one being devoted to chronic catarrh of the stomach and atrophy. The next three lectures are concerned with a very important class of gastric disorders—the neuroses of the stomach. The concluding lecture is one which may be read first with profit. It deals with the correlation of the diseases of the stomach to those of the organs and of the practical value of modern chemical tests.

From this brief enumeration of the contents of the work before us its thoroughness may be judged.

Not only is the symptomatology most completely gone over, but the pathology is clearly outlined, and the treatment applicable to the various conditions described is most thoroughly gone into. A most marked feature is the rational method adopted by the author to render his subject clear and comprehensible. It is this quality which will render the work one sought after, as it greatly enhances its practical utility to the student and practitioner alike.

The translator has done his work well and he has throughout maintained the lucidity of the author. He has succeeded in presenting us with a very readable rendition and one in which there are neither obscure nor ambiguous parts.

The publishers have certainly made this a handsome volume in every respect. They have spared no pains to attain this end and have admirably succeeded. The numerous illustrations and plates which have been added are well executed and aid much in enhancing the value of the work.

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### Literary Notes.

The Brooklyn Medical Journal has published a special edition on cholera. It is a 48-page stenographic report of the Special Meeting of the Medical Society of the County of Kings, held September 6, last. This is certainly a stroke of enterprise upon which we desire to heartily congratulate our wide-awake and excellent cotemporary.

**Books Received.**—The following books have been received, reviews of which will appear in due time:

A Manual of Obstetrics, by A. F. A. King, A. M., M. D., 12mo., pp. 450, Fifth Edition. With One Hundred and Fifty Illustrations. [Philadelphia: Lea Brothers & Co., 1892.

A Text-Book of the Principles and Practices of Medicine, for the Use of Medical Students and Practitioners, by Henry M. Lyman, A. M., M. D., 8vo., pp. 926. With One Hundred and Seventy Illustrations. [Philadelphia: Lea Brothers & Co., 1892. Price, cloth, \$4.75; leather, \$5.75.

Tales from Town Topics, 12mo., pp. 216, 12mo., No. 5, September, 1892. Issued Quarterly. [New York: G. S. Nicholas. Price, 50 cents.

Contributions of Physicians to English and American Literature, by Robert C. Kewner, A. M., M. D., 12mo., pp. 93. Physician's Leisure Library. [Detroit : Geo. S. Davis, 1892. Price, 25 cents.

Materia Medica and Therapeutics. A Manual for Students and Practitioners, by L. F. Warner, M. D. Student's Quiz Series, edited by Bern B. Gallaudet, M. D., 12mo., pp. 223. [Philadelphia : Lea Brothers & Co. Price, \$1.00.

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### Melange.

**A Novel Feature.**—Among the special features of the meeting of the British Medical Association, one of the most interesting was an arrangement by Professor Victor Horsley of a series of lantern demonstrations of work that has been done during the year in pathological research (*Lancet*). This Section afforded an opportunity to practitioners of seeing collected under one roof, in the course of two or three days, all the best work of the laboratories and of the wards of Great Britain demonstrated by the men actually engaged in the research. The idea was a happy one and was carried out with Mr. Horsley's characteristic vigor and ability. It is probable that the success of this department will considerably influence the programme and course of the work at the leading pathological societies which has hitherto been too much in the nature of a mere demonstration of post-mortem condition which, however, is by no means the be-all and the end-all of curative research.

**The Action of Canada.**—The Dominion authorities have given notice to the steamship companies that any vessel attempting to bring immigrants for the United States through Canada would be detained for the period of the United States quarantine (*Med. Rec.*). The Quebec Provincial Board of Health has passed a resolution forbidding until further notice the bringing, either by water or land, of immigrants or the effects of immigrants with the limits of the Province of Quebec; and also forbidding any vessel coming from a port infected with cholera, or having had any cases of cholera on board during the passage, to land at any place in the Province of Quebec, or to disembark either passengers, crew, baggage,

or merchandise. Inspectors have been appointed at various places to see that these regulations are strictly obeyed.

**Resignation of Dr. W. J. Lewis.**—The *Travelers' Record*, a bright and newsy journal published by the Travelers' Insurance Company, of Hartford, Conn., in a recent number says: "We regret exceedingly, both on personal and official grounds, to announce the voluntary retirement on April 1 of Dr. Wm. J. Lewis from the position of consulting surgeon of The Travelers, which he has held for something over ten years. He came here in the fall of 1881, fresh from studies in Heidelberg, and Vienna, which had fitted him for a high career as a medical and surgical specialist; but much of his energies have lately been given to investigation and adjustment of claims. The finer intellectual side of his life has been represented by researches in microscopy, partly in the line of medical jurisprudence, which have gained him the presidency of the American Microscopical Society. Outside business tempts him away, despite the sincere wish of the Company to retain his services; but we trust that the claims of science will not be wholly set aside." The readers of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL will remember Dr. Lewis as a whilom contributor to its pages. While we regret that the *Travelers'* has lost so bright and valuable an employé, we must congratulate Dr. Lewis upon entering upon a field where his great talent as an organizer will have full play and which enables him once more to enjoy the pleasure of home life. For the past ten years his duties have rarely allowed him to remain with his family more than a few weeks out of the entire year, and these were in dribblets of a day or two at a time. He has assumed the management of the Eastern agency of the Kern County Land Company of California, an incorporated organization having a capital of \$10,000,000 and owning some 400,000 acres of fine fruit and raisin land, also well adapted to general farming. The headquarters of the company are at Bakersfield, Kern Co., Cal. The officers are: Lloyd Tevis, President; Irwin C. Stump, Vice-President; and F. G. Drum, Secretary. The Directors are: Lloyd Tevis, Irwin C. Stump, J. B. Haggin, W. F. Goad, Wm. S. Tevis and Henry Wadsworth. It is not too much to say that the officers, directors and leading stockholders represent in the aggregate something like \$100,000,000.



## Miscellaneous Notes.

I desire herewith to acknowledge the efficacy of Peacock's Bromides, and to say that I have recommended and prescribed it in nervous prostration, intestinal indigestion and dyspepsia with admirable results, and have yet to be disappointed in this preparation when indicated as a tonic and nerve sedative.

EDWIN DOUGLAS WEBB, M. D.

Washington, D. C.

### Chronic Laryngitis.—

R. S. H. Kennedy's Ext. Pinus Canadensis (dark).....1 oz  
 Drosera Rotund..... $\frac{1}{2}$  oz  
 Pure Glycerine.....4 oz.

M. Sig. 15 to 30 drops three or four times per day. Also, in nasal catarrh I think it almost a specific.

**Uric Acid Diathesis.**—We have received from the author, Dr. Biesenthal of Berlin, a brochure on Piperazine. A part of the matter was previously published in the Berlin *Klinische Wochenschrift*, and of this our European correspondent gives a very clear and excellent review in another column. But a very important addition in the brochure is the contribution of the eminent Prof. Dr. Schweninger, who enjoys a world-wide reputation; the latter states that he has employed Piperazine in 150 cases, and after thorough investigation considers Piperazine "an enormously valuable addition to our treasury of medicaments." And further, he states that most of his patients had tried all other remedies in vain, and then 90 to 92 per cent. were treated most successfully with Piperazine. He concludes: "For years I have treated many cases of acute and chronic gout, and employed all the various remedies, but with none have I achieved such success as with Piperazine." This is a strong and significant endorsement.

Sharp & Dohme make an announcement on page 23 of this issue that will interest our readers.

We have received a sample of Webber-Pepsin, S. & D., Standard, 1 to 6,000, and it appears to justify every claim made for it by S. & D. It is perfectly soluble, nonhygroscopic, inodorous, free from mucous and permanent. These features are all valuable and we believe characteristic solely of Webber-Pepsin, S. & D. Write to S. and D. for samples.

To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the

system, will cause no disgust for it or nausea when its use is continued for some time. In CELERINA we have almost a certain cure. CELERINA, while causing no nausea whatever, through and by itself, will in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for and an abhorrence of all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium and tobacco, to restore the patient and tone the nervous system, CELERINA is of great value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centers. CELERINA, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors. CELERINA is a remedy par excellence to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

Splendid opening for good physician; practice runs from \$1,500 to \$2,000 a year. Address Dr. Brubaker, Tescott, Kan.

**The Medicinal Value of a Tried American Remedy.**—Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

That this faith is justified in practice is evidenced by its un-failing remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sunstroke, hemicrania, and la grippe (influenza and dengue); also all neuroses due to irregularities of menstruation. In antikamnia these properties are more speedily, more safely, and more efficiently manifested than in any of the others.

Antikamnia is a true derivative from organic substances, and its widespread adoption by the profession has made it the basis of a market for the imitators.

After all "imitation is the sincerest flattery."

**Thiol** is recommended as a substitute for ichthyol in treatment of skin diseases, because: It is clean and never irritates, while ichthyol is impure and often irritates; ichthyol smells disagreeably, thiol does not; ichthyol spots the linen, thiol does not; moreover, its cost is about half that of ichthyol.—*American Druggist*, April 15th, 1892.

**Creasote in Phthisis.**—Summerboldt again advises the use of creasote in pulmonary consumption. Five years ago he published his results with it in a number of cases in which the maximum daily dose was less than eight drops. He is now convinced that it may be given in much larger doses. He reports several cases in

which he has obtained very good results by a daily dosage of from a quarter to one drachm. He advises that it be prescribed in gelatine capsules, each containing  $1\frac{1}{2}$  drops in combination with codliver oil. At the commencement of treatment it may be sometimes necessary for a time to suspend its administration on account of gastric disturbance.—*Boston Med. and Surg. Journal*.

“During the past year we had under care a young lady, the daughter of the mayor of a neighboring city, whose life was being greatly marred by a painful affliction of the eye, which had baffled the skill of several of the leading oculists of this country and Europe. It was finally decided to be due to a peculiar uterine condition. Only a few such cases have been known. She was altogether cured of the trouble, which had existed for over four years, by tablets of Ponca Compound.—*Ed. Mass. Med. Journal, Boston*.

A. R. De Escarra, M. D., Paris, France, says: With S. H. Kennedy's Extract of *Pinus Canadensis* the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure *Pinus Canadensis* on hydrophile cotton plugs. In two cases of inveterate leucorrhœa, which resisted various well-chosen remedies, the improvement was truly marvelous, so much so, that I asked myself whether I had not fallen on a lucky combination. This, time will decide. From that time I have always recommended the *Pinus Canadensis* in all cases where I thought its action was clearly indicated.

**Disinfectants in Cholera.**—The Chief Sanitary Board of Austria publishes a statement regarding the value of a series of new disinfectants, which, in view of the cholera danger, are of much interest. The special attention of the public is drawn to the so-called “lysol,” which is compounded of caustic potash, oleic acid, and cresols. A solution of one per cent. of lysol is said to be sufficient to annihilate the common bacillus at the shortest notice. If so, it will be a more effective remedy than carbol. It is not at all of a corrosive nature; on the contrary, if mixed with a proper quantity of water it renders the skin very smooth, qualities which render it especially useful for washing the hands, linen and floors and for similar purposes. Moreover, besides possessing cleansing power in an eminent degree, it is much less poisonous than carbol. The Sanitary Board here has, therefore, ordered lysol to be classed among the officially recommended remedies.—*N. Y. Sun*.

**Salophen in Acute Rheumatism.**—Eliza H., aged forty-five, widow, admitted June 7th, discharged cured June 21, 1892. Has

had one previous attack of rheumatism. The right hip joint, knee and ankle have been acutely inflamed for one week, causing great suffering. No cardiac murmurs. Urine 1.020, acid, and contains albumin and granular casts. On admission, temperature, 102.8°; pulse, 76; respiration, 24. Treatment as already described.

June 8th.—Temperature has fallen to normal and remained so till June 11, when it became subnormal (98°), and so remained until the 14th, when it became normal, and remained so until the patient was discharged.

9th.—Swelling and pain diminished.

10th.—Swelling and pain gone.

21st.—Patient discharged cured. No relapses. No cardiac or other complications. Urine normal at the time of patient's discharge, the casts and albuminuria having disappeared. No digestive difficulties.—Dr. W. H. FLINT, *N. Y. Med. Jour.*

**Exchange of Stamps.**—Dr. George Naaman, of the Bureaux of *The Revue Internationale de Bibliographie Medicale*, of Beyrouth, Syria, will sell or exchange new or old stamps.

This is a good chance for those physicians interested in the collection of postage stamps.

**Extract from New York Medical Journal of July 2, from article of Dr. Thomas S. K. Morton, read before the Philadelphia County Medical Society.**

If healing of an ulceration is retarded by the presence of sloughs—and sloughs are very slow to separate in the absence of an active suppurative process—it may be expedient to hasten their separation. If already loose at the edges, they may usually be dissected off without pain, by scissors and forceps. Otherwise the best plan is to digest them out by means of Pepsin or Papoid. When Pepsin is used for this purpose, I build a retaining wall of tough cerate about the ulcer, and then pour into the little reservoir thus obtained enough of the following solution to cover the ulcerated area:

R.	Pepsin pure.....	.....gr. j.
	Water.....	3 j.
	Hydrochloric Acid.....	M j.

M.

Allowing this to act for about an hour, occasionally renewing the solution, the sloughs will, as a rule, be found almost or quite digested and liquefied, or so loosened up as to be readily removable by scissors and forceps. *But much more convenient than this will be found the dusting of a minute portion of Papoid (vegetable pepsin) beneath the protective strips and allowing it to act until the limb is redressed the next day. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever—Pepsin only in a dilute acid solution.*

# THE ST. LOUIS Medical and Surgical Journal.

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## Original Communications.

THE PATHOLOGY OF OLD AGE.\* By R. H. GRUBE, M. D., Pittsburgh, Pa.

The term old age is a very indefinite one, for the reason that the systemic changes which cause the senile state take place at different ages in different people. The broken down, decrepit day laborer, whose life has been one of hard work and poor nourishment, is more senile at fifty than a Gladstone at eighty. It is this senile condition, then, that will receive our consideration this evening.

As a basis for what I have to say I have taken the reports of the surgeons of the five largest National Military Homes, and my own observations during several years' service in the largest home. These five homes have an aggregate membership, in round numbers, of twenty thousand old soldiers, the average age of whom is about sixty-five. The total number of deaths at these homes occurring during the year ending June 30th, 1891, was 950. Selecting some of the principal causes of death they are as follows :

Hart Lesions.....	151
Pulmonary Tuberculosis, including Fibroid Phthisis.....	122
Cerebral Hæmorrhage.....	67
Senile Debility.....	62
Cancer.....	36
Bright's Disease.....	37
Pneumonia.....	37
Meningitis.....	20

\* Read before the Alleghany County Medical Society, Sept. 20, 1892.

As I will revert to these figures from time to time, I will not comment on them here.

I will follow the physiological plan in treating of the subject before us; but before taking up the individual systems I will call your attention to the senile state in general. The senile state is essentially one of general atrophy; the stature and weight decrease; mental and nervous activity lessen; the hair follicles atrophy as do the glandular and muscular tissues throughout the body. The only general tissue which does not atrophy is the connective tissue which, being nature's repairing cement, predominates everywhere. This senile state is not pathological but physiological, for the person may have all of these evidences of senility and yet have good health.

Speaking in the language of the evolutionist, we may say that the person who has resisted the enemies of life until he has reached old age, has demonstrated his fitness to continue to live until the natural period of human life, so we find in old age comparative immunity from infectious disease. In my list there is no case of small-pox or typhoid fever and none treated. However, this rule is not without exceptions, Louis XV of France died of small-pox at the age of sixty-five, and I have seen varioloid in a patient over eighty. In this connection may be noted the large toleration of morbid processes and the lack of sympathetic reflexes rendering these processes so obscure that they are often overlooked. I have many times had to bear the mortification of a post-mortem diagnosis because of this, and that, too, after a most diligent search for the cause of the trouble. I call to mind several cases illustrating this point, some of which I will relate briefly. The first of these was that of a very old man with a peritonitis caused by a perforated cæcum. He suffered no pain. I aspirated several times, removing two or three pints of most offensive pus each time, and patient finally died of exhaustion. Another was a perforating ulcer of the duodenum—post-mortem diagnosis—where the contents of the stomach escaping caused adhesive peritonitis, burrowed a channel and "pointed" two inches below the umbilicus. A third case was one of cerebral hæmorrhage causing deep coma, and death in seven hours. The hæmorrhage was in the interior of the Pons Varolii and had completely destroyed the tract of

connection between the brain and cord. We see the lessened sympathetic reflex, too, in the narrowed variation of the temperature even in inflammatory conditions. A temperature of  $103^{\circ}$  is unusual, and I scarcely remember to have seen it at  $104^{\circ}$ . Nor is the temperature lowered, as might readily be supposed. A lowered rectal temperature in old age will most certainly indicate a lesion of some sort usually visceral. These conditions render diagnosis in diseases of old age difficult, and, as I have already said, many times the real trouble is not discovered at all during life. Thus a patient in one of my wards complained of all sorts of aches and pains with nothing definite enough to base a diagnosis on, and came to be looked upon as a chronic grumbler. He died unexpectedly, and the autopsy showed an abscess on the under surface of the liver, which had burst into the peritoneal cavity. While diagnosis is rendered more difficult in old age, the diligent and skillful searcher will be more apt to find the morbid process at this age than any other, because they are more marked, as the dead-room abundantly testifies.

That was a wise saying of Wilks that "a man is no younger than his arteries." I have already remarked the senile condition is essentially a general atrophy. In this the heart is to be excepted, as it alone of the muscular system is hypertrophied. The causes for this is the lessened elasticity of the arterial walls and the narrowing of the lumen and the deposit in the arterial coats of atheromatous products, requiring a greater force to propel the blood through the vessels. That disease of the circulatory system is the greatest source of danger in old age is testified to by my table. Of the nine hundred and fifty deaths, one hundred and fifty-one were from the various heart lesions, and sixty-seven from cerebral hæmorrhage—two hundred and eighteen in all. Atheroma is the chief disease of the circulatory system, and is often attended by extensive calcification of the aortic valves, interior of aortic walls and the coronary arteries. Next to atheroma and its attendant phenomena, fatty degeneration of the heart is the most frequent morbid heart condition of old age. We must here distinguish between fatty degeneration or the change of muscular tissue into fat, and the deposit of fat between the normal muscular fibres. The presence of the arcus senilis is said to be diagnostic of fatty heart. I have

never verified this point. A better diagnostic sign is the weakness or absence of the systolic sound which, being mainly produced by muscular contraction, is impaired. Fibroid degeneration also occurs. In this condition the muscular fibres are replaced by fibrous connective tissue. Either form of degeneration produces sudden death, either by rupture of the heart wall or simple paralysis from over distention. I may say in passing that sudden death is nearly always caused by heart failure and very rarely by cerebral hæmorrhage, where, though the hæmorrhage be extensive, the patient may live several hours or even days.

As the lungs are constituted of the most delicate of tissues, we would naturally expect marked changes in them in the senile period. The first thing that strikes one on opening the chest of an old person is the marked pigmentation of the lung surface, giving it a mottled black and pink color. This pigmentation is a deposit of carbonaceous particles having been inhaled. The microscope shows a partial disappearance of the alveolar septa, causing an enlargement of the alveoli by partial coalescence. This with the fixation of the chest and other senile change accounts for the emphysema that old people experience on making exertion. Another thing worthy of note is revealed by autopsies made on the bodies of old people, and that is the large number of old tubercular lesions which were not suspected during life. These lesions consist of pleuritic adhesions, old cicatrized foci and scattered gray tubercles. Active tuberculosis is not a prominent disease in old age, and when it exists it is apt to be exceedingly chronic. Of our nine hundred and fifty deaths there were but one hundred and twenty-two from phthisis and fibroid phthisis together. As further showing the truth of this statement the tenth U. S. census showed that of 91,270 deaths from consumption during the census year 25,610 were of persons between twenty and thirty, while but 8,222 were over sixty-five. Again, of a block of 2,800 examinations—carefully made—for admission to the National Military Home, but 260 were found to have clear indications of tubercular impairment of the lungs.

The statement that "pneumonia is the scourge of old age," made by high authority, is not borne out by our figures, as but thirty-seven of the 950 deaths were caused by this disease. Loomis makes the astonishing statement that nine out of ten



of those who die after the age of sixty-five die of pneumonia. Upon what such a statement is based I cannot see. Nor is lobar pneumonia different in any marked degree from the same disease in younger people. The initial chill is not so marked nor is the temperature so high, but the crepitant or more generally subcrepitant rales, the rapid breathing and the solidification are present and would be found if looked for. I never regard the examination of an old person complete, no matter what the trouble, until the chest has been examined. The greater toleration and lessened sympathetic reflexes spoken of before mask the subjective symptoms of the patient sometimes unless the physical examination be made. Neither is the prognosis in these cases much graver unless there is great debility from some pre-existing disease, when pneumonia is but the closing act. Two other facts are worth noting in this connection, one is that defervescence by crisis is rare among the aged, and the other is that muttering delirium is almost prognostic of a fatal termination.

The changes in the alimentary canal are quite as well marked as those in any other part of the body. The teeth are lost; the mucous and peptic glands of the stomach are lessened in number and size; the intestinal villi are fewer and the intestinal wall thinned, except the colon, which is frequently dilated and its walls thickened by the replacement of the muscular tissue by connective fibrous tissue. As a sequence of these changes we are not surprised to find a weakened digestion and poor assimilation of food in these people. Constipation is an almost constant accompaniment of old age. The frequency of cancer, especially of the stomach and liver, is shown by the large number of deaths due to cancer, thirty-three out of 384 reported from the Central or Dayton branch alone. According to my own observation the majority of these were doubtless of stomach and liver. Of the various diseases of digestion and assimilation I can say nothing here, as the subject is too extensive. You all know how difficult they are to handle, and can subscribe heartily to Abernethy's statement that "a man cannot be induced to attend to his digestive organs till death, or the fear of death, stares him in the face." Diarrhœa is a frequent and troublesome disease in old age and sometimes one most difficult to control. As an adjunct to the alimentary

canal the liver may be considered here. Fatty degeneration or the "nutmeg liver" is almost always present in senile autopsies. Cirrhosis is extremely rare, which I think remarkable in the face of the generally accepted theory of alcoholism as the chief etiological factor in its causation, since a large number of the men in the military homes are confirmed alcoholics.

Bright's disease, like phthisis, is apt to be chronic with old people and is generally of the fibroid character, and so is likely to go undiscovered, as the symptoms are so masked as to be misleading and the patient be treated for indigestion, neuralgia, rheumatism, etc. At the risk of boring you I will give the history of one such case in detail: W. R., age seventy, has been under treatment for about six months for chronic dyspepsia. Gives history of long-standing rheumatism. Complains of pain in stomach; persistent vomiting and headache and insomnia; no treatment seemed of any avail in relieving his nausea. He was emaciated, abdominal veins enlarged and liver seemed contracted. Repeated examinations of urine showed both albumen and casts, but in moderate quantities only. Patient finally died of exhaustion. Autopsy: Body very much emaciated; lungs oedematous; hypertrophy of left ventricle, valves of left heart and commencement of aorta studded with minute patches of atheroma; liver contracted to little over half its normal size; walls of stomach thicker than normal and more opaque; colon contracted throughout entire length, at some points seemingly almost closed, the coats thick and fibrous; the walls of bladder also thickened and opaque; left kidney contracted and fibrous on section; right kidney larger, but also fibrous, cysts scattered over surface of kidneys, microscopic examination of kidneys shows glandular and epithelial elements crowded and replaced by fibrous tissue; the walls of the arteries thickened and their lumen diminished. Thirty-seven of our 950 deaths were caused by Bright's disease. Of the other morbid conditions of genito-urinary tract I need only mention the senile prostate which, with the allied cystic troubles, belongs to the domain of the surgeon.

The most distinctively senile change of all is the degeneration of the brain and nervous system in general. In the brain the sulci become shallower, the gray matter thinner,

and the brain as a whole shrinks. This shrinking is compensated for by an increase of the ventricular fluid and the sub-arachnoid fluid, which on exposing the brain surface has an opaline appearance ; corpora amylacea appear in the thinned cortex. In the cord and nerve trunks many of the medullary sheaths disappear, giving the sections the appearance of being full of minute punctures. The conductivity of the nerves is lowered and consequently reflex action is lessened. There is gradual loss of mental power, memory and attention suffering most. An interesting point here is, that the memory for events long passed is better than that for more recent events. The old person will tell you in tiresome detail events which happened when they were young, but cannot remember what they had for yesterday's dinner. When these changes are exaggerated we have either softening or sclerosis, ending of course in dementia ; or in the spinal tract scleroses of various ones of the physiological tracts. Of the changes in the nerves of special sense I need not speak.

And now, gentlemen, we will turn from a prosaic, and to me not very satisfactory, picture of the changes of old age, to a pen-picture drawn by a master hand :

"The sixth age shifts  
Into the lean and slippered pantaloon,  
With spectacles on nose, and pouch on side,  
His youthful hose, well saved, a world too wide  
For his shrunk shank ; and his big manly voice  
Turning again toward childish treble, pipes  
And whistles in his sound : Last scene of all,  
That ends this strange eventful history,  
Is second childishness, and mere oblivion ;  
Sans teeth, sans eyes, sans taste—sans everything."

A CASE OF SCLERODERMA. By Heine Marks, M. D., Superintendent St. Louis City Hospital.

HISTORY.—Name, Henry Compton ; age, forty years ; nativity, Va. ; in city, two years ; occupation, blacksmith ; social condition, single. June 26th, 1892.

FAMILY HISTORY.—Father died at seventy-five years of age and the mother at seventy-two years of age of senile debility. Both had enjoyed good health up to the time of death. One aunt had scrofula. No history of malignant disease.

**PRESENT HISTORY.**—Had rubeola and parotitis when a child. Typhoid fever at sixteen and malaria at twenty-four years of age. No history of venereal disease. Never used tobacco or alcoholic liquors. Several years ago he had some trouble, and since that time has been unable to sleep well.

**PRESENT TROUBLE.**—About six and one-half months ago he noticed a papulo vesicular eruption extending from the upper third of the thigh to the ankle on right and base of toes on the left leg. Vesicles were surrounded with a bright red margin, the color of which faded as we approach normal skin. Vesicles (a few of which appeared recently) were filled with a sero-purulent material. They ruptured, and there occurred a slight scaling; the color then changed from bright red to a dark brown, and the lesion gradually changed to a macule, which enlarged peripherally. No pain or pruritus accompanied the eruption. Each vesicle surrounded a hair. The macules (between knee and ankle, on legs, and on dorsum of the left thigh as far as the upper one-third) coalesced. At this time he did not notice any thickening of the skin. He felt chilly all the time but had no rigors. His appetite was poor, and he was rapidly losing weight; bowels were regular. About three and one-half months ago he noticed a stiffness in the left knee, and in a short while he noticed that he could no longer straighten the limb. At this time he noticed a decided thickening of the skin over the posterior surface of the joint. Flexion gradually increased for about two weeks and then began to improve. He continued to improve for about three weeks and could again get the heel to the floor in walking. At this time he got wet and flexion of the knee began to increase. About this time, also, he noticed that the skin between the knees and ankles was decidedly thickened, and he felt stinging sensations as of pricking with needles over the thickened area. There was also an occasional sharp, darting pain up the thigh to the body. About this time he was troubled with vertigo, which lasted for about six weeks and disappeared. About one month ago he noticed a thickening under the right knee. At this time his appetite began to improve, but he still continued to lose weight. He noticed a soreness under the right knee, which disappeared in about two weeks. The knee never flexed. The patient maintains that his poor appetite in the beginning of the trouble was

due to a sore mouth. He had taken no medicine. For the last month his appetite has been good and his bowels maintained their regularity of action. Some pruritus accompanied the thickening of the skin. He lost over forty pounds in the last seven years. He does not know how much he has lost during his present illness.

**PRESENT CONDITION.**—The patient is poorly nourished; complexion pale; eyes sunken; expression of countenance worried. His lips are pale and anæmic; the skin cold and clammy, but of normal elasticity. Temperature is 98.20°; pulse, 68, of poor volume and tension; arteries soft and pliable. The tongue is clean and moist, but pale in color; appetite good; bowels regular; sleeps poorly.

**RIGHT LEG.**—From upper third of thigh to ankle are numerous dark brown spots, varying in size from a pin-head to a nickel five-cent piece. When a spot increases to about the size of a pea, the hair drops out. The skin above the knee is slightly and below knee is markedly thickened, but has not that leathery feel which we will describe in connection with the left leg. At present there is no pruritus or pain. The patient maintains that the color of the spots is fading. Under the knee are two large spots about the size of a silver one-half dollar. The skin at this place is markedly thickened. The induration gradually fades into the surrounding structures.

**LEFT LEG.**—On the anterior surface of the thigh are spots like those on the right thigh. The spots have not coalesced and the skin, which is thickened and can with difficulty be pinched into folds, has a cold, clammy feel. Along the dorsum of the thigh the spots have coalesced, and the skin is markedly indurated. The induration fades as above. Beneath the knee the induration forms slight folds and is very dense. The knee can be flexed from an angle of 30° to an angle of 60°. Patient says the lump (as he calls the induration behind the joint) prevents further flexion, by interposing itself in the angle between the bones. On greatest flexion he feels a drawing sensation over the anterior surface of the knee, and on attempting to straighten the leg the drawing is felt posteriorly, which is caused by the non-elasticity of the skin. As we approach the knee from above, the induration of the skin gradually increases until over leg, where it attains its greatest thickness. Over the leg the skin is hard and firm,

pits on pressure, although pitting is not well marked, it is of a peculiar quality. It is not like the pitting of ordinary œdema, but more like the pitting on pressure of a bladder filled with putty. The pitting disappears slowly. The skin feels cold and clammy, and of a peculiar leathery character, not unlike the skin of a cadaver which has been dead for some time. Perspiration is not absent, although not so profuse as on the right leg, and it evaporates slowly. Over the dorsum of the foot the infiltration gradually fades to the base of the toes, where the skin is normal. The skin over the plantar surface of the foot is normal. Motion at the ankle is very limited, and patient complains of drawing sensations on motion as above.

There are a few spots on the anterior surface of the fore-arms and on their dorsum. The spots have coalesced with a slight thickening of the skin along the ulna.

The heart and lungs are normal, as are the abdominal viscera. As the patient is anæmic, he is given a tonic of iron, strychnia, etc., and maintains that he is improving rapidly.

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### Original Translations.

#### TOXICOLOGICAL NOTES.\*

POISONING BY BELLADONNA BERRIES.—Kobriniski (*Allgem. Wiener Mediz. Zeitung*) reports his observations in the cases of three children, aged respectfully seven and one-half, three and one-half and five years. The observation occurred the day following the ingestion of the berries. Symptoms in case I. Dilatation of pupils *ad maximum*; no reaction to light; very frequent pulse; superficial and quickened respiration; dry light-red skin; cool extremities; absolute retention of urine and fæces; maniacal excitement (furious running about).

In case II, cool, lax extremities; increased, rattling respiration; no reaction of pupils; no reflexes of muscles or tendons, *sopor*.

CASE III. Cyanosis of face; uncountable, easily compressed pulse; cool, dry extremities; weak, scarcely perceptible respiration; *deep sopor*.

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\*Translated from *Excerpta Medica*, by Oscar E. Treutler, M. D.

Therapy in each case : Lavage of stomach (no poison was washed out thereby), and then high irrigation of bowels with large quantities of water (enormous quantities of berries, twenty-eight, thirty-nine, thirty-seven in number) appeared in the discharges.

Then, in case I, one pilcarpin and one morphine injection. In cases II and III, camphor injections, chafing the skin, warm wrapping.

Immediate relief of symptoms occurred in all cases, sound sleep, then gradual disappearance of all phenomena (only slight disturbances persisted).

The cases are interesting on account of the diversity of the clinical picture and the end—result—the recovery—in spite of the colossal quantities of poison ingested (in general, children stand large doses of belladonna !), and the very apparent usefulness of high irrigations of bowel.

EXTRACTUM FILICIS MARIS ÆTHEROSUM.\*—Dr. Eich (Bürgerhospital, Köln a R.), relates four cases of poisoning by ethereal extract of male fern, amongst which is one with lethal ending. A man fifty-four years of age, who previously repeatedly took from ten to fifteen grams, but without success, received twenty-seven grams in two doses, fifteen grams one hour after breakfast and the remainder two hours later.

After two hours terrific tetanus and trismus (the symptoms compare completely with those of a violent strychnine poisoning) death taking place after a short time.

The other cases occurred after a dose of ten and fifteen grams, respectively, and were characterized chiefly by vomiting, profuse diarrhoea, intestinal pain ("Leibkolick"), dizziness, tremor, mental hebetude ("Benommenheit"), and recovered under a stimulating therapy ("Excitirender" Therapie). The ext. filicis is therefore not a harmless remedy; the highest single dose would therefore be ten grams with caution. Against such large doses as have been recommended and given by some (up to thirty grams) without injury is to be strongly warned. The different preparations must contain different quantities of toxic substances, probably

\*The ethereal extract of male fern is the oleo-resin of male fern of the United States Pharmacopœia. Reckoning the gram as sixteen grains the lethal dose in this instance was about seven drams. Instances of lethal intoxication in children with a much smaller dose, proportionately, have been recorded.—[Translator.

due to locality of growth, time of gathering, etc. (*Dent. Med. Wochenschr.* 1891, No. 32).

**CONCENTRATED LYE.**—In a case of poisoning by solution of concentrated lye treated in the Rudolphstiftung Hospital in Vienna there was great erosion of all parts of mouth and pharynx, inability to speak or swallow. Great relief was given by brushing the parts several times daily with a four per cent solution of cocaine. Feeding was effected by pushing through the nose a small sized Nélaton's catheter, which was attached by means of another soft rubber tube to a glass funnel shoved as deeply as possible into the œsophagus. The slow passage of milk, water, etc., caused no pain and was fully sufficient to appease the thirst. (*Wien. Med. Presse.* 1891, No. 33).

**MERCURIAL POISONING.**—According to A. Morel-Lavallé the appearance of a scarlatina-like skin affection is frequently a symptom of poisoning by mercury.

A few hours up to several weeks after the internal use of a preparation of mercury (*particularly calomel*) there appears not infrequently, beside the ordinary picture of mercurial poisoning, a scarlatina-like erythema, accompanied by fever, which begins in the femoral triangle and soon spreads over the whole body, lasting several days and sometimes weeks. In several cases: formation of vesicles and bullæ and extensive excoriations. Lastly: lamellary exfoliation of skin. (*Rev. de. Méd.* 1891. *Fortschr. d. Med.* 1891, No. 17).

**LEAD POISONINGS** of a severe type were observed in a family in Dresden. They occurred from the use of sugar which was comminuted upon lead plates. (*Allgemein. Medic. Centr. Zeitung*, 1891, No. 63).

**A Bichloride Libel Suit.**—Mr. Keeley, of bichloride of gold fame, has met with a want of appreciation in England, and has so far lost his temper in consequence as to bring a suit for libel against the *Lancet* and the *Medical Press and Circular*. The latter welcomes the action, which, it says, "will afford us an opportunity of calling public attention to what we firmly believe to be an attempt to delude the victims of an unfortunate and degrading habit into filling the coffers of an enterprising syndicate."



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#### AN ATTEMPTED INVASION.

In this progressive age it behooves us to be continually on the alert. The medical profession is looked upon as composed of individuals who can be easily gulled and who are but too willing to swallow any bait, providing that it has been thinly disguised. We have seen a number of attempts of this sort made recently, and the manner adopted by some was sufficient evidence of the character of their business. Whilst it may be true that the majority of physicians are not wary and can be easily deceived, they all have sufficient common-sense not to fall into the ordinary traps of the bunco steerer and confidence man. They are deficiently endowed with that spirit of inquiry to lead them to investigate first and then digest before adopting any startling innovation, more particularly if it be shrouded in a veil of mystery which is apparently impenetrable. And when they are not capable of making this discrimination it becomes our duty to protect medical men by sounding a note of warning which shall be timely and which shall put them on their guard against the successful putting into execution of any nefarious schemes which are apt to result in the ultimate harm of the profession.

Men and methods have changed to a marked extent within comparatively few years, and we note that the traps set for the unwary are becoming more cunningly devised, so that it requires much acumen to discover the hidden danger which is

lurking in an apparently innocent thing. We have been forcibly reminded of this not long since by a circumstance which we will mention anon. As is well known, and if it is not it should be, every reputable medical journal keeps a strict guard upon its advertising pages with the view of only admitting those advertisements as shall emanate from reputable and responsible individuals dealing in goods which can be safely recommended to the patrons of the journal. This has come to be looked upon as a matter of course by the readers of this class of journals and they place confidence in the publishers to an extent sufficient to induce them to place faith in the advertisements which they have occasion to consult.

This fact has not escaped the attention of certain unscrupulous individuals, and it is in this that the threatened danger lurks. It is from these that there exists a threatened invasion, one which will be powerful and far-reaching for harm. The first move has already been made, and we are patiently watching to see what success has met this, the first attempt. A firm which deals with something, evidently not legitimate, has been asking for rates for advertising of such an extensive character as to make it an object to secure such liberal patronage. The trap consists in merely specifying the space wanted and the length of time for which it is desired without giving the least hint as to what it is for or for what purpose. That some publishers will be caught by this there is no doubt in our mind. It is a glittering proposal, apparently liberal, and flattering to the publication, implying that its influence is so widespread as to create a demand for its advertising space.

That some journals will fall into the trap we have no doubt, and this will constitute the entering point of the wedge. Other attempts, of a similar nature, will be made and those poor unfortunates who have been trapped will find themselves in a very unenviable position, to say the least. They will be forced, almost, to accept more advertising of the same sort; they will lose caste and prestige; and ultimately they will be forced to the undesirable condition of possible dissolution. Such an invasion must be killed in its inception. The reputable medical journals can be trusted to resist such an attempt. Unfortunately, there are many weak-kneed who need money, and who cannot resist temptations of so glittering a nature. These are the ones who should be

on the alert. They are the ones who can least afford to lose the respect of their patrons much less their confidence.

We have not mentioned the names of those who are the leaders in the threatened invasion upon decent medical journalism. Having refused their advertisements, it would scarcely be the proper thing to advertise them editorially and gratis. They shall never become known to the medical profession by using the ST. LOUIS MEDICAL AND SURGICAL JOURNAL as a medium. Let others do as we do and the whole matter becomes a simple one. Our readers may be regaled with a complete exposition of the entire matter if they receive the journals in which the nefarious advertisements appear and we have no doubt that care will be taken that they do receive them—*verbum sap.*

#### EDITORIAL NOTES.

RESPONSIBILITY IN HOMICIDE is a question of perennial interest. Since the time—now long forgotten in antiquity—when public opinion first began to busy itself with the duties of the physician no subject has probably supplied it with a deeper interest than that of destructive madness (*Lancet*). Our ancestors unwrapped it from the dark shroud of demon-possession and showed it forth as a form of lunacy. We, more wisely vague, have clothed it with another shadow and called it homicidal mania. Still we seek more light and still we do not know the limit, if there be one, which excludes it from crime and includes it within the province of disease. For a ray of light which may help our decision in this matter, and thus prove of practical value, we are indebted to Dr. Ellis of Singapore. The experience of this observer as medical superintendent of the lunatic asylum in that town has brought him in contact with Malays affected with the disease known as "amok" or "amuck." The result of his investigations is that he divides those evidently suffering from this disorder into two classes. These are: (1) Persons in whom the sudden maniacal fury is obviously and unaccountably impulsive, uncontrollable and unexplained by previous ill-temper; and (2) those who, under a sense of wrong, have worked themselves into a fury which results in the ungovernable impulse referred to. The latter he naturally considers at least partially responsible, the former not at all. Researches into causation

have yielded no very tangible result, and the classification above given brings us no nearer to the causal fountain head than we were before. It is so far practically useful, however, since it lays down as the only possible basis of judicial condemnation a previous and conscious neglect of self-control. Unfortunately we are still confronted by the problem suggested by a later "uncontrollable" impulse. The real significance of this could only be justly estimated on additional proof of the existence or absence of a like sense of responsibility. This forms the core of the question. It should be clearly understood, however, that badness is not madness in any legal sense, and that even great and wilful wickedness is consistent with sanity.

THE STAMPING OUT OF GLANDERS has assumed serious proportions and is a measure occupying much attention in London, as it soon will in New York. As one of our English contemporaries says, there is at last some evidence that steps will be taken to deal with glanders in a more enlightened and efficient manner than has hitherto been the case, and that what was becoming something of a scandal will no longer be tolerated. It has required a good deal of urging and agitation to rouse the authorities to a sense of their duty; but better late than never. There should be no great difficulty in combating the disease, even without compensation; indeed, it should be to the interest of horse owners to have it extinguished without being bribed to report the existence of the disorder in their stables. Nothing is more liable to abuse than this system of compensating owners for the destruction of horses suffering from an incurable contagious disease; it is fair and proper to pay them for those which are not affected, but which may have been killed because of glanders being suspected in them, but to compensate them for those animals which are visibly and unmistakably glandered is unjust to the tax-payer and very likely to lead to fraud and neglect. It is to be hoped that we shall hear no more of glanders and farcy being treated as different infections; for the latter form is quite as dangerous, if not more so, than the former, and should be as energetically dealt with. It has been stated that the incubation and course of glanders are protracted, but this is not so in all cases. The period of incubation is most frequently brief, and not seldom the malady runs a rapid course; hence there are

acute and chronic glanders, the first being nearly always observed in the ass, though it is also often witnessed in the horse. With the discovery of the valuable properties of mallein there should not now be any hesitation in establishing a diagnosis in what were formerly considered to be doubtful cases, as the subcutaneous injection of this substance will prove the existence of the disorder in a horse which may otherwise exhibit no signs of it. Even without this reagent farcy is easily enough diagnosed, as its indications are manifested on the exterior of the body; it is only in the internal form of the disease that doubt has sometimes been felt; but by the employment of mallein this should no longer be experienced. It is to be hoped that in devising rational measures for the suppression of glanders among English horses care will be taken that it is not introduced by those which are imported in such large numbers; for the fact must not be overlooked that the scourge prevails in every European country, in Egypt, America, South Africa and India. By a system of rigid inspection it has not been allowed to enter Australia, New Zealand or Tasmania; but in England, so long as horses are permitted to come from infected regions, we shall always be liable to its introduction unless the greatest care be exercised.

THE ART AND MYSTERY OF SAUSAGE MAKING forms the text of some remarks by the *British Medical Journal*, which says: There is a wide field open to the enterprising maker of sausages who is not overburdened with scruples, and the possibilities connected with his trade are such as to afford material for pleasing speculation among those who combine a leaning to æsthetics and to squeamishness with an affection for sausages. The appearance from time to time of certain unsavory particulars in the press has, no doubt, helped to maintain a keen interest in the subject. The finding of buttons and of other portions of human attire has been asserted, while there is no doubt that both diseased and rotten meat have been, and probably still are, used by the less reputable members of "the trade." The fact that there have been seizures of such meat upon the premises of certain sausage makers is plainly sufficient to prove the truth of this statement, at any rate, and we have more than once commented upon the absurdly inadequate punishments inflicted in proved

cases of the kind, amounting, as a general rule, to the mere imposition of some trumpery fine. It would seem, however, on the authority of a person who writes to the press under the signature of a "Sausage Maker," that there are respectable members of the craft in existence, and that they cannot all be "stigmatized as rogues," while he nevertheless makes the suggestive admission that he would not like to make himself "responsible for all that sausage makers may do." The immediate cause of this gentleman's appearance in a literary capacity was a paragraph headed "A German Sausage Analysed," which went the round of the press. In this it was asserted on the alleged authority of the public analyst for Bermondsey that the German sausage in question consisted of equal parts of bread and fat, and contained no lean meat. This, of course, if true, is a much milder form of fraud than those to which we have referred to above, but it certainly appears to be doubtful whether a sausage so made, even if "made in Germany," would pass muster at all. As the defender of sausage makers says, it seems likely that such a sausage would not "cut firm," and would be detected without much difficulty as a fraudulent production. The use of bread for making sausages is well known, and it is regarded by many authorities as a form of adulteration; but, in the absence of a settled definition of sausages, it is difficult to see how anything could be done under the Adulteration Acts at present in force. That the attention of public authorities and of public officers should be more frequently directed to the noisome proceedings of certain sausage makers would seem to be desirable, if only for the purpose of satisfying the desire of the scientific mind to arrive at truth for its own sake. Some further light would probably be thrown upon the industrial uses of bad and diseased meat, which "must go somewhere," and it may be, also, of the flesh of animals not generally accepted as food by civilized men.

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**An Efficient Oxytocic.**—Among the Kirghiz tribes of Central Asia it is the custom, in cases of difficult labor, to seat the woman on a horse and make him gallop for a couple of miles over the steppe.

## Microscopy.

### Spermatogenesis in the Mammifers and in Man.\*

The study of spermatogenesis has made great progress within the last two years. All are agreed to-day as to the manner in which the spermatozoids of mammifers are formed, and we find scarcely any difference between authors on the subject, except in matters of detail, or in theoretic questions which do not affect the facts acquired. As the facts, however, differ so widely from those found in the encyclopædias and medical dictionaries of the day, and even in the most recent of the classic works, it will be useful to summarize them.

Two different methods of exposition present themselves to us at once. We may describe spermatogenesis as it actually is in a brief formula without taking notice of the older ideas on the subject, or (the better way, in my opinion) we may take the expressions and the manner of regarding the subject in vogue a few years ago and show how they have been modified by the process of investigation—in other words, pursue the historical method and give a sketch (incomplete, it is true), retaining only those facts which abut upon current ideas of to-day. We will adopt the latter plan, and confine ourselves strictly to mammalian spermatogenesis. Among this class of animals, in fact, the production of spermatozoid can be perfectly comprehended without the aid of comparative studies of the phenomena in various vertebrates. We will therefore take for our subject the mammifer which interests us most—man.

In the study of spermatogenesis three principal points confront us, viz. :

1°. The constitution of the semeniferous tubules, the evolution of the cellules which they enclose, and the production of the spermatozoid from the mother cellule (true spermatogenesis).

2°. How does a given cellule transform itself into a spermatozoid?

\* From the French of L. Vialleton, Agrégé of the Faculty of Medicine of Lyons.

3°. Do we meet in the course of spermatogenesis with phenomena comparable with the maturing of ovules (maturing of spermatozooids)?

#### SPERMATOGENESIS, PROPERLY SO-CALLED.

The semeniferous canals are composed of a parietes of connective structure (see *a* in fig. 6), with which we will not bother ourselves, and contain spermatozooids and cellules of varying aspect. Independently of the spermatozooids, if we admit all the cellular forms described by different authors, we find in the contents of the semeniferous tubules three sorts of cells, viz.: *testicular cells*, round or polyhedric, of varying aspect, ranged one upon another somewhat like the elements of stratified epithelium; the *fixed cells* of Sertoli, or the *sustenance cells* of Merkel, disposed readily between the testicular cells; and finally the *spermatoblasts*, recognizable by their cluster of spermatozooids. These three forms of elements are shown in the schematic figure below. Let us study them separately :

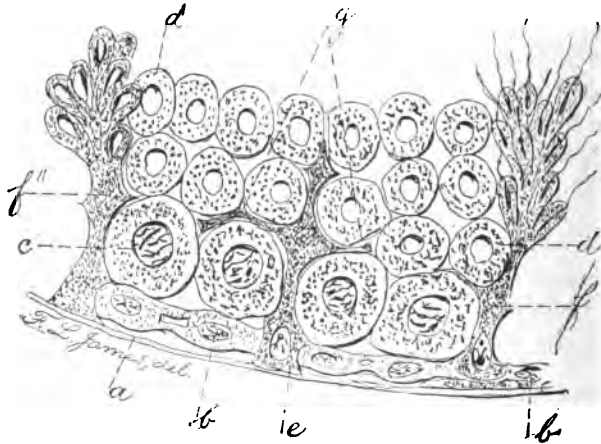


Fig. 6. Schematic section showing the testicular cells, Fixed Cells, and Spermatoblasts. *a*, connective tissue; *b*, spermatogons; *c*, spermatocytes; *d*, spermatozooids; *e*, sustenance cells; *f*, spermatoblasts; *g*, laminae of *e*.

#### TESTICULAR CELLULES.

The testicular cells are derived the one from another by indirect division (karyokinesis), but the daughter cell of a pre-existing cell does not resemble its parent, to this extent at least, that we find several kinds of testicular cells. There are



three principal forms of them, which, according to the nomenclature of La Valette St. George, are *spermatogons*, *spermatocytes* and *spermatides*. Spermatogons represent the first form of testicular cells. By indirect division they give rise to spermatocytes, and these latter in their turn, and in the same manner, produce spermatides. These cellular proliferations and metamorphoses occur both within and without, from the parietes toward the lumen, the different cellules being ranged in three layers, as shown in the schema.

The lower layer, that of the spermatogons, shown at *b*, in the figure, is composed of cells arranged in a single row, next to the membrane proper. The nucleus of these cells may be in a state of repose, or in that of active indirect division. Their protoplasmic body emits ramified prolongations which unite with similar prolongations proceeding from neighboring cells and forming a net-work into the meshes of which pass the foot of the spermatoblasts (or sustenance cells), as can be seen by the schematic figure. These cells, as Sertoli has demonstrated, engender cells which are ranged above them, and thus deserve the name 'germinative cells' which he bestowed upon them, but we will follow the nomenclature of La Valette St. George and call them spermatogons. They have also been called the 'male ovules,' but this name has been applied to so many elements in the course of the study of spermatogenesis that we prefer to abandon it altogether.

The median layer, the layer of *spermatocytes* (*c* in the figure) is characterized by the strongly granulated nuclei of the cells. This granulation is due, according to Henle, to chromatine. The cellular body is quite voluminous. Produced by indirect division of spermatogons, spermatocytes represent the second term of the series of cellular forms which succeed each other in spermatogenesis.

The superior layer, that of the *spermatides* (*d* in the figure) is constituted of smaller cellules, round or polyhedric, well characterized by their clear nucleus. They are superimposed one on the other, in several layers, in unequal numbers, according to position. The highest layer, in rapport with the lumen of the canicula, are more or less projected into the latter, the body lengthening and becoming ovoidal or pyriform. It will be seen later that each of these cells is transformed into a spermatozoid, and consequently represents the last form

of the testicular cellules. Köllicker was the first to describe them correctly.

In order to avoid the multiplication of figures we have reunited the three forms in the schematic figure above given, but this, in, actual preparations, is not always the condition of things. On the contrary, much more frequently we find only one or two of the forms, because one or another has already disappeared during the successive transformations; or, on the other hand, have not yet arrived at the proper point.

#### SUSTENANCE CELLS.

Between the testicular cells of which we have just spoken, we see here and there (*e* in the figure) the cells discovered by Sertoli in 1865. These are disposed radially, and attaching themselves to the membrane proper, press themselves forward between the testicular cells, sometimes traversing their entire thickness. The borders of these cells are more or less excavated in order to receive the testicular cells which press against them in such a manner that they (the sustenance cells) emit thin prolongations which glide between the super-imposed strata (as seen at *g* in the figure). Sertoli called these cells *fixed cellules*, wishing to signify by this that they remain always the same during the course of spermatogenesis, while all the balance of the cells are undergoing ceaseless transformations in their progress toward the full spermatozoid. Merkel saw in them an analogue to the cells found in the sensorial epithelia and interposed between the sensorial cells proper, and forming a frame work (*charpente*, a filling in or bracing) to the latter, destined to sustain them. He called them, for that reason, *celles de soutien*, or sustaining cells.

We shall see, further on, if there is not room to question this view of the nature of these elements, and even to question their cellular nature. At present we will concern ourselves with an important form which has dominated the history of spermatogenesis during the past twenty years, the *spermatoblast* of Ebner.

#### SPERMATOBLASTS.

In order to comprehend the structure of the spermatoblast (*f'* and *f''*, of the Figure), it suffices to recall the sustenance cells. These last are shown most frequently in sections, in connection with a group of *spermatides* more or less advanced

in the progress of transformation into spermatozooids, and which are arranged around the summit of the sustenance cell, which they seem to prolong (*f*," figure). The spermatides rest habitually attached to the sustenance cells and form with the latter a whole which was formerly regarded as a cell of peculiar form often compared to that of a candelabra. These cells are in fact a sort of enlarged foot, which reposes upon the membrane proper and in which is lodged the nucleus. Above, it narrows down to a sort of neck which supports a group of spermatides, or even of spermatozooids, which represent the branches of a candelabra.

Von Ebner, who discovered this peculiar cellular element in 1871, attributed to it a preponderant role in the elaboration of the spermatozoid, and gave it, for that reason, the name *spermatoblast*. His idea of it was that it was a bourgeoning cellule which produced at its summit a series of buds or bourgeons, which later on developed into spermatozooids. This hypothesis is, however, replete with difficulties. The bourgeoning has never yet been witnessed, and consequently, when afterwards a nucleus was discovered in each of the so-called bourgeons (which Von Ebner had not seen), the relations between the nucleus of the spermatoblasts and those of the 'bourgeons' (relations exceedingly difficult to comprehend), grave doubts were raised as to the correctness of Von Ebner's conclusions. At that time, however, our ideas were much less surely fixed than now on the phenomena of the multiplication of the nuclei, and consequently the matter was held in abeyance, and the spermatoblast of Von Ebner was regarded as a veritable organism of spermatogenesis. The role of the testicular cellules was subordinated entirely to this supposed fact. Von Ebner regarded them (the testicular cellules) simply as white corpuscles, which having wandered into the semeniferous tubules furnished the liquid portion of the semen.

This idea of the spermatoblast has persisted for twenty years, and is even perpetuated to-day in very recent classical works, and that too in spite of the fact that from its very promulgation it has not been accepted by some of the ablest investigators. Sertoli, one of the most distinguished of the many investigators who have devoted their time to this research, regarded the round cellule as the true mother cell of the

spermatozoids, which latter were produced by simple transformation. Merkel accepted these conclusions, and when he established the theory of sustenance cells, as explained above, he remarked that the spermatoblast of Von Ebner must be considered as a composite element, made up of two distinct descriptions of cells, the one of sustenance and the other of mother cells of spermatozoids, which were cemented or glued to the summit of the sustenance cell by a tenacious substance which held them firmly attached.

[Continued in the December Number.]

**Micro-Organism of the Mouth.**—Dr. J. H. Linsley contributes a paper on this subject to the *Dental Register*, as follows:

The prevention of dental caries depends, first of all, on strict cleanliness of the mouth, the importance of which cannot possibly be over-estimated. Undoubtedly, good stiff tooth-brushes and plenty of clean water stand at the head of all measures of this nature. The next prophylactic means is the intelligent use of proper antiseptics. By far the most perfect germicide known that can be at all employed in this connection is the bichloride of mercury, but the use of this substance is not without danger. It should not be used as a wash for the mouth in solutions of greater strength than 1 to 2000, and even then care must be exercised in its application. Other antiseptics which have been recommended for the oral cavity are salicylic acid, strength of 1:200, or 1:350 listerine, wintergreen oil, and like aromatic substances are suggested. In this connection might be noted the germicidal properties of tobacco, either the juice of the leaf or the smoke of the burning leaves. Certain it is, from results obtained by many experiments and observations, that tobacco juice, or smoke, very speedily destroys bacterial life, but the evil results of excessive indulgence in the "weed" more than counterbalance any possible benefits resulting from its antiseptic action on micro-organism of the mouth. In discussing the subject of infection, attention should be directed to the danger which exists from the spread in various directions of infectious forms of bacteria that are liable to be present in the mouth. It is not difficult, under certain circumstances, to excite an inflammatory process in the middle ear, the transmission of septic

germs taking place through the Eustachian tube; similar results may also occur from pyogenic bacteria being carried from the mouth to the throat, lungs, parotid gland, antrum, and even to the brain, as stated by Bergtold. When it is considered that of all diseases of a parasitic nature to which mankind is susceptible, dental caries is by far the most frequent, the possibilities just mentioned cannot be charged as being the improbable and unlikely speculation set forth as one who is "cranky" on the subject. Upon reviewing the various literature on this question, especially those portions of it which refer to the dangers of infection between the dentist and his patient, the speaker was much surprised to find no advice offered to the dental profession by competent bacteriologists as to the considerable (and oft times great) danger present, to the patient, by pathological conditions the dentist himself may be suffering from at the time of operating, and to point out the necessity of establishing, by legislative measures if required, laws or statutes which would prevent the occurrence of such dangers. Reference was made more particularly to the jeopardy in which human life is placed, when people are subjected to treatment by a practising, tubercular dentist. This might seem, to many, a bit of superfluous advice, but the author had seen a tubercular member of the profession practising daily on unsuspecting or ignorant patients.

The greatest danger under such circumstances is not, as some might imagine, in the infection of the patient by the transmission of the germs through the medium of the breath of the operator, but in the reception of the tubercular material, which becomes dry on the handkerchief, clothing, linen, or instruments of the dentist. The prevention of such dessication is so extremely difficult and impracticable as to be discarded without serious consideration, if such prevention be presented as a possible prophylactic measure to enable the victim of this malady to continue his professional work until physically unable to do so on account of the inroads of the disease. It is not generally known that bacteria do not float in the atmosphere in the moist state, but only do so after desiccation, and then probably to no great extent, unless aided by more or less strong currents of air. Tuberculosis is now almost universally considered to be an infectious disease, and of so contagious a nature that we shall, many of us, see the day when attention

to preventive measures against possible infection from cases of this disease will be as regularly insisted upon as are the sanitary requirements in cases of small-pox, yellow fever, and typhus fever (with the exception of somewhat less vigorous quarantine) at the present day. The period in which to accomplish this much desired treatment of tubercular cases will depend upon the rapidity with which the laity, and professional men even, become educated to the full comprehension of the single and sole cause of the affection, the tubercle bacillus, and the proper realization of the benefits to be derived from the adoption of such measures. And to the intelligent efforts and advice of the members of the medical profession, as well as to the great aid which members of the dental profession can give by embracing each and every opportunity to inform patients, especially influential citizens, as to the true character of tuberculosis, must the accomplishment of this end very largely devolve.

Of all the various ways by which tubercle bacilli find entrance into the human body (such as form the surface of the skin through wounds, by contusions, cuts, or otherwise; from the ingestion of milk and flesh from tubercular cows and other animals), infection by inspiration—by the entrance of the dried germs through the mouth and so on to the lungs—far surpasses in frequency all other methods of transmission. And this can only be accomplished when the medium on which the micro-organisms have been discharged from the body dries or disintegrates into powder or dust. For this reason the most dangerous source of infection is from handkerchiefs or cloths on which the sputum has been received (unfortunately a too common procedure), and on which it becomes dry in an exceedingly short time. Consequently, by merely preventing the sputum of phthisical persons from drying the most important kind of infectious matter may be rendered harmless.

F. L. J.

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The American Association of Obstetricians and Gynecologists held its fifth annual meeting at the Lindell Hotel, St. Louis, Tuesday, Wednesday and Thursday, September 20, 21 and 22, 1892.

### Dermatology and Genito-Urinary Diseases.

**Solar Eczema.**—A case is reported by Wotters in which a woman without hereditary predisposition was attacked by acute eczema on every occasion which she was exposed to the sun's rays. She suffered at the same time from hemicrania. He ordered, as recommended by Weiel, an orange-colored veil to be worn, which afforded great relief. A green veil is the best preventive in this form of eczema.

**Treatment of Blenorrhagia with Permanganate of Potash.**—Prof. Reverdin says that (*Gaz. Hebdom. Scien. Méd.*) a solution is made of 1 to 5,000—two grains to the pint—and, by means of a small catheter passed down to the bulb, the urethra is thoroughly irrigated with about a quart of it. This may be done with a syringe, but better by an elastic tube attached to a little cistern suspended above the patient's head. To avoid staining his linen, which may lead to disastrous revelations, the patient stands up and passes the penis through a hole in a waterproof apron tied round his waist. The injection should be used at the temperature of 100° F., and twice a day. No medicine is given, and a cure should be effected in from three days to a fortnight, generally in a week.

**Treatment of Cystitis.**—Otis (*Journ. of Cutan. and Genito-Urinary Diseases*, August, 1892) says that, as a rule, local treatment is not required in the early stages of cystitis, but in some cases injection of a solution of silver nitrate into the prostatic urethra has produced a cessation of pain and frequent urination. When the affection becomes subacute he recommends the injection of mild solutions of silver nitrate into the bladder, so as to fill it. By this means the inflammation in the neighborhood of the prostate is cured, and a week later stronger solutions are injected. In some cases bichloride of mercury solution was injected, with satisfactory results. In the chronic cystitis of old men, good results were obtained by using injections of salicylic acid, especially when a good deal of mucus was present. Otis also discussed the method of cauterizing the affected spots of the bladder with

the galvano-cautery, aided by the cystoscope; he did not think this form of treatment of much value, owing to the hæmorrhage which is produced. He said that when treating patients with the cautery it was better to open the bladder.

**Varicella and Herpes.**—Professor Johann Bókai, superintendent of the Children's Hospital at Buda-Pest, publishes (*Lancet*) in a Hungarian medical journal several cases of varicella which had occurred in his practice under rather peculiar circumstances. The first of these cases had been observed in the year 1888, when a child was attacked by chicken-pox. Ten days afterwards another child in the same family had exhibited all the symptoms of herpes zoster. Professor Bókai saw a similar case in 1891. A woman suffered from herpes zoster, and twelve days after its appearance her child of eight years had chicken-pox. A second case occurred in the same year. He diagnosed herpes frontalis in a young man, and fifteen days later chicken-pox in his sister, a little girl of thirteen. Professor Bókai communicated his observations to Professor Korányi and the latter very soon reported a similar observation. He had then in his ward a patient suffering from herpes of the thigh, and eight days after his admission a patient in the same ward, who had a splenic tumor, contracted chicken-pox. The suggestion is offered that an attack of chicken-pox, instead of exhibiting general eruption, may under certain circumstances have the latter so circumscribed as to form the ring peculiar to herpes zoster. Professor Bókai considers this explanation the more likely, as latterly epidemics of herpes have been observed especially by Kaposi. Certain forms of this disease have been known to be highly contagious.

**Severe Secondary Syphilis: Premature Delivery: Multiple Malformations of Fœtus.**—Toujan, of Toulouse (*Annales de Gynéc. et d' Obstet.*), was called in on November 20, 1891, to a primipara fourteen hours in labor. She had been married on May 23d, and the last period was seen a month after marriage. Her husband had a hard sore on the lower lip when he married. She was soon infected, roseola appeared, and her hair began to fall. At labor the cervical and inguinal glands were found large and indurated; there was a number of mucous tubercles on the vulva, and a cicatrizing



ulcer on the lip. When Dr. Toujan arrived the body of the foetus was delivered; the membranes had yielded nine hours previously. In making a very gentle effort to extract the foetus he tore off the trunk from the head; the cord was not torn. He divided the cord, introduced a speculum, and, following the cord, reached the placenta and a soft white mass, evidently the head. As the placenta was the more accessible, he removed it by aid of ovum forceps. It adhered to the lower segment of the uterine wall. A crochet was fixed to the head, which was seized with the ovum forceps and delivered without damage to maternal structures. The internal and outer genitals were thoroughly washed with a sublimate solution. The foetus was putrid. Its cranium was perfect, but hardly any brain had developed. The face seemed covered by a veil; the buccal, nasal, and ocular orifices could not be detected. The neck and trunk showed numerous malformations. The atrophy of the facial arches was evidently due to syphilis. The mother, treated with specific remedies, made a good recovery.

**Gangrene of Penis after Influenza.**—Carl Devrient (*St. Peter. Med. Woch.*, June 11, 1892) records the following case: A man aged forty-one became very ill with influenza on January 15, 1892. On the 17th, when the acute symptoms had passed off, the whole of his penis became red and swollen, and very painful; the glands in the groin were also enlarged and painful. No history of venereal or other infection, or of injury, could be elicited; the patient was not addicted to alcohol, and was not the subject of phimosis. The urine was clear, and contained neither sugar nor albumen. When seen on the 18th, the penis was enormously swollen. A suspensory bandage was applied, lead lotion ordered, and one-sixth grain of morphine given internally to relieve pain, which was intense. On the 19th a large bulla developed on the end of the penis, and in a few hours extended over about one-third of the skin of the organ. The skin in the neighborhood of the bulla was absolutely insensitve. On the 20th, the dead skin was removed under an anæsthetic, when it was found that the gangrenous process had extended to the fibrous structures of the corpora cavernosa. The urethra was intact, but all the veins within the affected area were thrombosed. The process had destroyed the skin over the end and under surface of the penis,

and partly that over the dorsum. There was no further extension of the process; the wound became clean in a few days under antiseptic dressings, which were renewed every twenty-four hours, and healed by granulation. After eight weeks of treatment the patient was discharged, the loss of skin over the gangrenous area being to a considerable extent repaired  
O.D.

### Excerpts from Russian and Polish Literature.

**Acetic Acid in Asiatic Cholera.**—Dr. K. Hashimoto, of Professor Ogata's laboratory, in Tokyo, has published (*The Sei-I-Kwai Medical Journal*, January, 1892, p. 7) a paper in which he draws attention that a 2.2 or 3.2 per cent solution of acetic acid (in other words, the ordinary kitchen vinegar) destroys the vitality of cholera microbes in less than fifteen minutes. The perusal of Dr. Hashimoto's paper has induced Dr. Ippolit I. Fedoroff, of Sadovka (*Vratch*, No. 35, 1892, p. 890), to try in a series of Asiatic cholera cases the internal administration of a four per cent solution of acetic acid. The drug was given in fifteen gramme doses, in combination with fifteen grammes of *Vodka* (aquavit.) and 0.1 gramme of camphor. In mild cases a single dose of the mixture proved to be sufficient to arrest diarrhoea with abdominal pain and nausea; while in two or three hours the patient's depression of spirits disappeared, the appetite returned, etc. In severe cases (with vomiting, cramps, cold limbs, etc.), the patient was given a similar dose of the mixture and then carried to *banta* (Russian steam bath), where his or her body was energetically rubbed with a piece of thick cloth until the restoration of the normal bodily temperature and the disappearance of cramps. The dose was then repeated and the patient put in bed. In all, five successive severe cases were treated after the plan, every one and all of them ending in complete recovery.

Dr. D. V. Stanislavsky, of Smolensk (*Vratch*, No. 36, 1892, p. 919), most emphatically recommends the treatment of Asiatic cholera by a vinegar steam bath. The patient is given some diaphoretic with a stimulant, then placed on an easy chair and covered (head and all) with a bed-sheet, after which a red-hot brick (in some suitable vessel) is put under the chair, and the ordinary table-vinegar poured over the brick. A profuse perspiration swiftly becomes established.

After a while the patient is returned to bed, given another dose of some stimulant, and covered as warmly as possible. Very soon he or she falls soundly asleep to awake mightily improved and quite free from any choleraic symptoms.

**Case of Enormous Fibro-Lipoma.**—Dr. Alexandr A. Mislavsky, of Ekaterinburg, Uralian, Russia, communicates

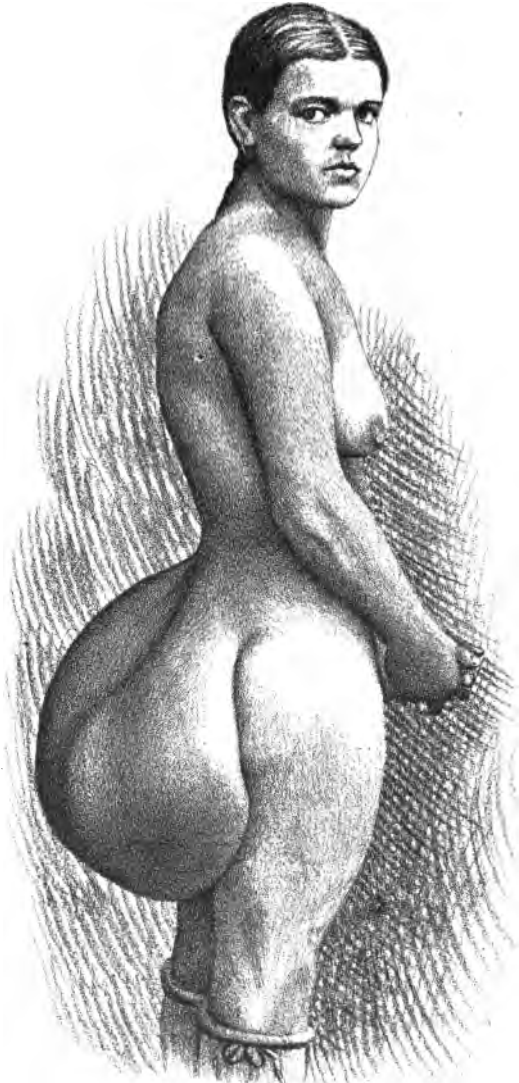


Fig. 7. Fibro-Lipoma. Right lateral view.

(*Transactions of the Ural Medical Society*, 1892, Vol. I, p. 56, with three heliograms), the case of a well-made and well-nourished peasant girl, aged nineteen, who consulted him on

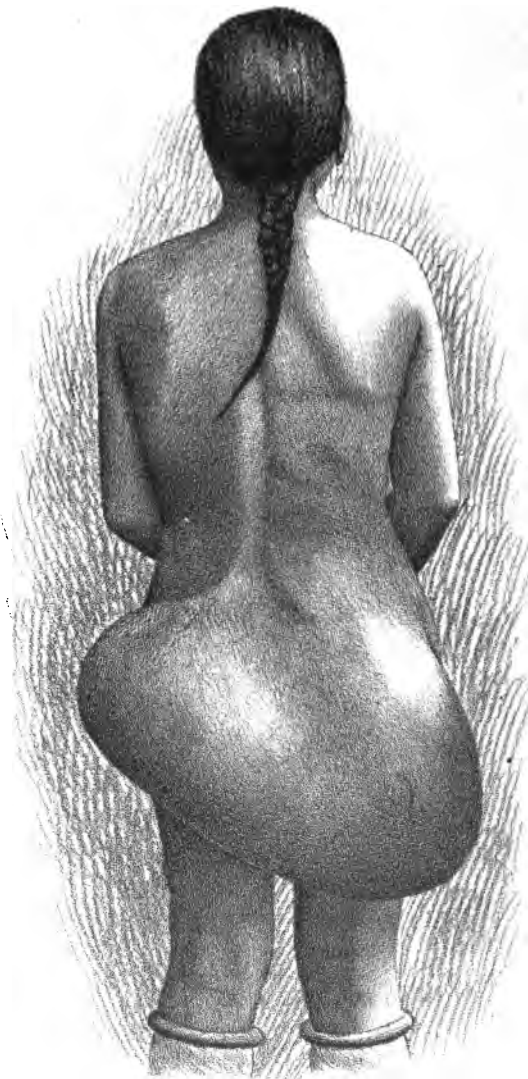


Fig. 8. Fibro-Lipoma. Rear view.

account of a huge tumor hanging down from the lumbar region. The mass had ovoid outlines, a smooth and even

surface, and a soft consistence, though there and then there could be made out deeply-seated hard nodes of the size of a man's fist. The integuments were perfectly normal. The

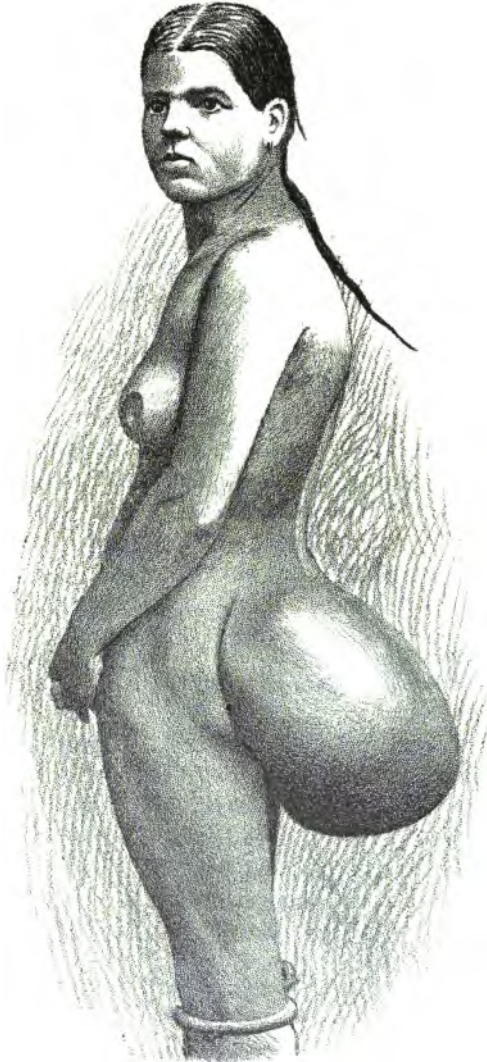


Fig. 9. Fibro-Lipoma. Left lateral view.

tumor's circumference at the base measured eighty-nine centimetres ; the largest measurement from side to side amounted

to 102 centimetres; in the auteroposterior direction, sixty-two; vertically, fifty. The new growth did not cause any painful sensations, beyond that of weight, but greatly interfered with the girl's movements. Her general health was excellent. The tumor was excised *in toto*, the wound measuring forty-five centimetres in length and requiring the insertion of as many interrupted sutures. The after-course was most satisfactory, the wound healing partly through the first intention, partly (in the middle portion), through the second. By the end of five weeks the girl was discharged, feeling quite happy from her having got rid of the inconvenient appendix. The removed mass weighed a *pud* (36 av. d. p. lb.), and proved to be a lipoma containing five roundish conglomerates of fibroid tissue furnished with fairly thick capsules.

**Large Doses of Digitalis in Pneumonia.**—In the *Medizinische Obozrenie*, Nos. 15 and 16, 1892, p. 396, Dr. Mikhail A. Strizovek, of Odessa, writes that in nine consecutive cases of croupous pneumonia he resorted to the treatment by digitalis in large doses, as recommended by Professor Petrescu (*Vide the Deutsche Medizinische Zeitung*, No. 70, 1890). He used the following infusion:

R Foliorum Digitalis..... 2 or 4 grammes.

Aquæ Destillatæ..... 200 grammes.

F. Infusio.

Syrupus Simplicis..... 30 grammes.

M. Dose: A tablespoonful every half hour, to be taken for twenty-four hours.

The results were most satisfactory. Under the influence of the treatment, on the next day the fever decreased, the patient's subjective condition strikingly improved, and the pulmonary process began to steadily and rapidly subside. In incipient cases the disease was cut short on the third day, while in advanced ones the resolution was complete on the seventh day. The author warmly recommends to give an extensive trial to the method.

**Creasote Enemata in Pulmonary Phthisis.**—In the *Polish Gazeta Lekarska*, Nos. 35 and 36, 1892, p. 758, Drs. Br. A. Chrostowski (pron. Khrostovskée) and K. Wislocki (pron. Vislotzkee), house physicians to the Szpital Swietego Rocha, in Warsaw, detail their experience concerning the treatment

of pulmonary phthisis with rectal injections of creasote in large doses. The following formula was employed :

R Creasoti fagi.....3 j.  
 Aquæ destillatæ.....℥. lb. j.  
 Vitelli ovi.....No. 1.  
 Pulveris gummosi q. s. ut fiat emulsio.

D. S., for three enemata.

In all, fourteen patients were treated by the injections, the total number of the latter amounting to 792, and varying in individual cases from twenty-six to ninety-two (in from eighteen to fifty-six days). The enemata (preceded by a tepid water one for cleansing the rectum) were made mostly twice daily (in the morning and evening); in some cases two or even three enemata (each containing a scruple of the remedy) were administered at a sitting. Out of the fourteen cases, in five a more or less marked improvement was obtained; in seven the results were *nil*, the disease continuing to run its progressive course, while in the remaining two patients both the local and general condition grew worse, to improve after discontinuing the treatment. Analysing these cases, the author comes to the following conclusion :

1°. The enemata afford an extremely advantageous method for the administration of creasote in large doses. True, as regards the improvement of the patient's appetite under the influence of the remedy, they are inferior to an internal administration. But in such patients who prove unable to tolerate the largest doses of the drug on account of gastric irritability, the administration *per rectum* is undoubtedly superior to all other methods.

2°. The enemata containing creasote in twenty grain doses produce a decided though rather fleeting antipyretic effect. Within an hour after an injection the bodily temperature begins to sink, the maximum fall (1° to 2° C.) occurring in two or three hours, in a couple of hours, however, the temperature rising to its previous level. The antipyretic action should be attributed to a very rapid absorption of the remedy from the rectum.

3°. The best results from the treatment with large doses of creasote can be expected in such patients who, while showing manifestations of a systemic poisoning with tubercular virus (such as febrile movements, etc.), still continue to pre-

sent an apparently good general nutrition, and in whom the pulmonary morbid process has not yet produced any extensive destruction of the lungs.

4°. Fibroid form of phthisis without fever, but with failure of the patient's general nutrition, is not suitable for the treatment by large doses of creasote.

5°. The appearance of a dark green discoloration of the patient's urine points out that creasote is introduced into the system in excessive quantities, and hence must be regarded as an indication for discontinuing any further increase in the dosage.

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## Medical Progress.

### THERAPEUTIC NOTES.

**Neuralgia.**—In obstinate cases the following is said (*New Idea*) to be successful :

R Acetanilid.....1 grain.  
Quinine.....1 "  
Cocaine..... $\frac{1}{8}$  "

M.

Make a pill. Give one every hour.

**Treatment of Phthisis with Iodine.**—De Renzi, after experiments on rabbits, has used iodine in the treatment of tuberculosis. (*Boston Med. and Surg. Jour.*) He at first gave it subcutaneously, but this not being well borne, he gave it by the stomach. A total of 500 grains were given in most of the cases. In a few, symptoms of iodism arose, but disappeared readily on suspending the treatment. The solution may be made as follows :

R Iodine.....1 part.  
Iodide potassium.....3 parts.  
Chloride sodium.....6 parts.  
Water.....1000 parts.

M.

The author believes that the result of this treatment will compare favorably with those of any other at present tried.



**Influenza.**—The following prescription is highly recommended by Palmer :

℞ Salol..... ℥ iij.  
 Phenacetini..... ℥ ij.  
 Quininæ salicylatis..... ℥ j.  
 M. Fiat caps. No. xx.  
 Sig. One every three hours.

**Salol in Cholera.**—I. A. Mitropolsky (*Vratch*) from an experience of several scores of cases of cholera, speaks favorably of the internal administration of salol in five-grain doses every hour. At the same time he gives a mixture consisting of twenty drops of tincture of opium *Ph. Ross.*, one ounce of dilute hydrochloric acid, and six ounces of marsh-mallow root, the dose being one tablespoonful every hour. The interval between the mixture and salol should be about half an hour.

**Anal Fissure.**—Allingham strongly advocates the local use of the following ointment (*Med. News*):

℞ Hydrarg. subchlor..... gr. iv.  
 Pulv. opii,  
 Ext. belladonnæ, ..... āā gr. ij.  
 Ung. sambuc..... ℥ j.

M.

S. To be applied frequently.

He states that he has had many cures with this ointment alone. Another excellent ointment recommended by the same authority is :

℞ Plumb. acetatis,  
 Zinci oxidl..... āā gr. x.  
 Pulv. calaminæ..... gr. xx.  
 Adipis benzoinat..... ℥ ss.

M.

An ointment of the oxide of mercury, thirty grains to the ounce, has cured many cases.

**The Cantharidin Treatment of Tuberculosis.**—F. Coccia (*Rif. Med.*) gives the following as the conclusions at which he has arrived after a trial of Liebreich's treatment of tuberculosis (by cantharidinate of potassium): 1°. The injections are very painful, and the method is therefore difficult of application in the case of patients who have to attend to their employment ; 2°. doses of 0.0001 g. are not dangerous in the

case of any kind of patient; 3°. doses of 0.0002 g. are sufficiently dangerous to be contra-indicated in cases of advanced phthisis; 4°. the injections when frequently repeated during a long period of time, cause physical prostration and serious mental depression; 5°. in the last stage of the disease the treatment is absolutely inadmissible; 6°. in incipient cases the injections may be used with the view of modifying the bronchial mucous membrane and the expectoration, and relieving cough; 7°. the night sweating and the general state may be favorably influenced by the treatment in the early stage; 8°. the injections have no effect on the fever, and hæmoptysis seems to be made more frequent by them; 9°. neither the pulmonary lesions nor the bacilli are in any way modified by the treatment; 10°. tuberculous ulcers in the larynx are not affected except that in the very early stage they show a slight tendency to become cleaner.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Lupus from Inoculation of Tubercle Bacilli.**—Wolters (*Deutsch. med. Woch.*), after reference to the fact that tuberculosis can be produced by inoculation with the bacilli of lupus, remarks that Jadassohn was the first to report a case of lupus produced by inoculation of tubercle bacilli. He himself now relates a case which came under his observation. A medical student received a scalp wound in a duel. Whilst this was healing he pursued his ordinary avocations, in the course of which he had frequently to examine tuberculous sputum. The wound itched a great deal, and this led to scratching. After scratching he often observed that the finger used was moist, but continued to relieve the itching so without disinfecting the finger, though at the time he was actually engaged in examining sputum. Presently typical lupus developed at the seat of injury. There was no doubt about the diagnosis.

**Experimental Inoculation of Glanders.**—Tedeschi (*Centr. f. Bakt.*) has inoculated various animals with glanders, applying the virus directly to nerve centres, and draws the following conclusions from his experiments: 1°. Animals very liable to glanders succumb much sooner when inoculated in the brain and spinal cord than when the virus is applied to another part; 2°, animals classed as immune and as in some

measure resistant to glanders die rapidly when inoculated in nerve centres; 3°, the virus is strengthened by inoculation into nerve centres of sensitive animals, and still more so when animals regarded as immune are employed. Thus, a small quantity of meningeal exudate from a dog killed by inoculation into the brain, when introduced beneath the dura mater of another dog, causes the death of the latter more quickly than the most virulent culture would. This increase of virulence is not a special feature of the meningeal exudate in this case, being equally manifest in material from other parts of the body—as, for example, spleen pulp.

**Cocaine Cantharidinate.**—Hennig (*Berl. klin. Woch.*) describes this preparation. It is more correctly termed a mixture than a chemical combination, but this is immaterial from the therapeutic point of view. It is a white powder, readily soluble in hot water. The author introduced it on account of the painlessness with which it may be injected. Swelling and infiltration at the site of injection occur much less frequently, and are less marked than with the other cantharidicates. Once only out of 2,845 injections did an abscess form. There was never any irritation of the bowels, and very rarely of the kidneys. Like the other cantharidicates, it not only acts beneficially in chronic catarrhal processes of the nose and throat, but also in early tuberculosis of the upper air passages. It gave good results in tuberculosis of the lungs, skin, bones and glands. In some of the cases injections of one-half demgr. sufficed. It is contraindicated in advanced tuberculosis as well as in albuminuria. If no improvement follow ten injections the treatment should be given up, and a further attempt made in six weeks' time.

**Hæmorrhage from Intact Skin.**—A. Deriabin of Osa (*Vratch*) reports the case of a previously healthy girl, aged eighteen, in whom there suddenly appeared without obvious cause a profuse hæmorrhage from the centre of the tip of the nose, the anterior surface of the forearms, and the volar aspect of the finger tips. From the skin of the nose the blood escaped in the form of a single fairly thick stream, while from the upper limbs it ran in the form of numberless thin jets and drops, as if from a watering-can." Sometimes the blood spouted in a jet more than a foot high, at others it simply

oozed, while now and then the bleeding stopped altogether. The phenomenon lasted, with short intermissions, nearly four hours, and was followed by all the typical symptoms of acute anæmia (pallor of the face and mucous membranes, vomiting, giddiness, prostration, etc.), the girl gradually recovering in about four days. Careful and repeated examinations failed to detect any lesion of the integuments, except, perhaps, over the tip of the nose, where there could be seen "a largish orifice of a cutaneous gland plugged with a blood clot." The latter disappeared in a few days, "leaving a permanent bright red spot." The thoracic organs were sound, menstruation normal. The dermorrhagia did not recur up to the date of report (four months after the bleeding).

**Leukæmia.**—After referring to the unsatisfactory state of our knowledge in regard to the etiology of this disease, Pawlowsky (*Deut. med. Woch.*) says that its effective nature was first suspected some years ago. Bacteriological investigation has hitherto given unsatisfactory results. The author then cites a typical case where there was very considerable leucocytosis (one to four), and the spleen extended almost down to the pubes. No other glands were involved. Short bacilli with spores in them were found. They were also present in sections prepared from the organs of three patients dead of this disease, especially in the blood and lymphatic vessels of the liver. Cultivation experiments were successful in blood serum and glycerine agar. The organisms were also found in the blood of leeches which had abstracted blood from leukæmic patients, but they showed no aptitude to increase. The author says that characteristic microbes have thus been found by him in six cases, and that upon the ground of their constant presence in the blood and tissues and of their biological properties they must be looked upon as peculiar to leukæmia and in direct causal relation with this disease. The results show that leukæmia is a disease of the blood. The bacilli exercise a certain influence upon the leucocytes in the blood-forming organs. They bring about a multiplication of leucocytes, some of which latter get into the blood in an immature condition. The leucocytes also partly increase in the blood, and in many cases karyokinesis may be seen. Brought by the blood the micro-organisms are retained in the spleen,

lymphatic glands, and medulla of bones. Here, and especially in the spleen, the fight takes place between the leucocytes and microbes (phagocytosis). The hyperplasia of the spleen and other blood-forming organs is thus the result of the reaction of the individual against the poison circulating in the blood. For this reason extirpation of the spleen must be quite unwarrantable.

#### DISEASES OF WOMEN AND CHILDREN.

**Precocious Hæmorrhage in Placenta Prævia.**—Tissier, of Paris, (*Nouv. Arch. d'Obstét. et de Gynéc.*) read notes of this case at the April meeting of the Société Obstétricale de France. The patient began to flood in the first month of her twelfth pregnancy. The hæmorrhages continued until delivery at the end of the eighth month. Painful uterine contractions accompanied each flooding. Although these symptoms did not indicate a vicious insertion of the placenta, it was found that partial placenta prævia existed. The early appearance of hæmorrhages was a feature of special interest. Putting aside abortions attributed, on insufficient evidence, to placenta prævia, it is rare to see hæmorrhage before the fifth month. In this case that symptom was present throughout pregnancy. Gaulard, in discussing Tissier's paper, said that the case was not unique, and he believed that many abortions were really due to placenta prævia. Pinard was of the same opinion, and said that hæmorrhage throughout pregnancy was commoner than was usually supposed. Tissier noted that the placenta often comes down very near the cervix in early pregnancy. Lefour, of Bordeaux, held that it was important to diagnose hæmorrhage from vicious insertion of the placenta at the earliest stages of pregnancy; as Tissier said, the symptoms in his case were not characteristic, according to current teaching. Professor Tarnier also insisted on the importance of diagnosis; this case was misleading. The patient was kept at rest for some time, being already exhausted by the floodings. The final flooding, though not severe, was sufficient to kill her.

**Absence of Vagina: Rudimentary Uterus.**—Akontz, of Clausenburg, Transylvania (*Centralbl. f. Gynäk.*), recently examined a patient, aged twenty-three, who had never menstruated. Since the age of twelve severe pains in the hy-

pogastrium occurred periodically; she was married at sixteen, and the pains grew worse. The patient was well developed, the mammae of moderate size, the mons veneris bore much hair. The labia majora and minora were normal, though small. The clitoris was large, the meatus urinarius somewhat enlarged. The entrance of the vulva was closed by a thickened and plicated hymen, bearing numerous minute foramina. From two of these apertures a transparent fluid exuded. The hymen was very yielding, and could be pushed by the finger almost two inches upwards. This condition, often observed in married women with occluded hymen, was clearly due to attempts at coitus. Bimanual palpation was carefully conducted under an anæsthetic. The hymen appeared to form a direct diaphragm between the peritoneal cavity and the vulva. Between the rectum and bladder a horizontal band, as stout as a goose quill, was detected. It was continuous, with a mass as big as a man's fist, which lay in the left half of the pelvic cavity. There was a smaller mass to the right, at the level of the fifth lumbar vertebra, but no connection between it and the horizontal band could be made out. The kidneys could not be detected in their normal situation. Akontz concludes that the vagina was entirely absent; that the horizontal band was a rudimentary uterus; that the right mass was an enlarged right ovary and the left probably the left ovary. The left mass might, he also believes, have been a dislocated kidney, or a rudimentary left uterine cornu, full of blood.

**Cysts of the Vagina.**—V. Chalot, of Toulouse (*Annales de Gynéc.*), distinguishes several distinct varieties of vaginal cyst. They are 1°. glandular cysts—for small glands, which may become obliterated, are sometimes found on the vaginal mucous membrane; 2°. lymphatic cysts, lined with endothelium; 3°. hygromas, enlarged bursæ developed by coitus or injury; 4°. serous cysts developed in spaces produced by detachment of the coats of the vagina during parturition; 5°. cysts developed from hæmatomata; 6°. Müllerian cysts, or lateral hæmatocolpos, pyocolpos, or mucocolpos, developed from the lower part of one of Müller's ducts; 7°. paravaginal hydatids; lastly, 8°. cysts developed from the Wolffian ducts. Rieder has proved that without doubt relics of these ducts may persist till adult life. Chalot has shown that they are quite distinct from Skene's tubes. He describes a case of Wolffian cyst. A

cyst in the antero-lateral part of the vagina, extending towards or into the broad ligament and lined with columnar epithelium, which may be ciliated, is assuredly Wolffian. Even when the epithelium is not purely cylindrical, or when it is cylindrical, yet the cyst does not extend into one lateral fornix, the cyst is Wolffian. A cyst in the antero-lateral part of the vagina bearing papillæ is of Müllerian origin. When a Wolffian cyst is placed high up, or extends into or beyond the fornix, the surgeon must not attempt its excision. It should be opened by a simple incision; then its lining membrane must be scraped by means of the curette. Lastly, the cavity is well plugged with iodoform gauze. When the cyst evidently extends far into the parts adjacent to the lateral fornix, it is best, in order to insure against closure and refilling of the cyst, to excise its prominent lower part. Then the curette and the tampon must be used.

#### SURGERY.

**Tracheotomy and Intubation.**—Mayer (*Therap. Monatsh.*) gives his experience of the operative treatment of diphtheria during the last eighteen years. Three hundred and sixteen of the cases were tracheotomies and nine were intubations. Of the patients, one hundred and sixty-six were boys and one hundred and thirty-nine girls. Of the tracheotomies, one hundred and three were successful. Nearly all the tracheotomies were "high" operations, but thirty-one were "low." As regards intubation, it is both more difficult in execution and more troublesome in its after-treatment, without conferring corresponding advantages.

**Prolapse of the Rectum and Treatment Therefor.**—Dr. Thomas H. Manley (*New York Medical Age*) regards recto-anal prolapse as essentially a herniated condition, being dependent on the same factors, and like hernia is common and curable in early childhood; while in the adult it may persistently recur. The treatment, which he recommends in simple cases is divided into constitutional and local. For the former depletion of the portal system by an occasional mercurial purge; with rest in bed, in the dorsal or lateral decubitus for a period of from one week to a month.

Local measures are taxis and anal support by truss-pressure. He has found that the safest and simplest surgical

measure for the radical and permanent ablation of a proctentia recti is an enterectomy, or the complete excision of the redundant, hypertrophied tissues. Cases with illustrations are included which had been treated by him successfully in this way.

**Removal of Tuberculous Mesenteric and Retroperitoneal Glands.**—A. Bier (*Deut. Med. Woch.*) reports the case of a young man of fifteen who was admitted to hospital September 1, 1890, and gave the following history: He had had good health, and had no family taint. In the autumn of 1889 he suffered from attacks of pain in the region of the umbilicus. These disappeared in the winter but came on again in the spring of 1890, and were then accompanied by nausea, vomiting and giddiness; they had become worse, and continued at intervals till admission. He had lost flesh for six months. On admission he was seen to be a strong, muscular young man. He complained of attacks of abdominal pains which caused him to roll on the floor during an attack. These attacks were accompanied with nausea, vomiting, and giddiness. Deep in the abdomen and on the left side of the umbilicus there could be felt two tumors, each the size of a walnut, very sensitive to pressure, and only slightly movable. The stools were regular, normal in color, amount, and consistency; the urine also was normal; the diagnosis was retroperitoneal tumor. Laparotomy was performed on September 10, an incision being made fifteen centimetres long in the linea alba. The tumors were then found to be masses of lymph glands, each about the size of half the fist, one being situated on the left side of the root of the mesentery, and the other in the mesentery close to the small intestine. The one at the root of the mesentery easily shelled out, and was found to consist of caseating gland. The other tumor was removed with greater difficulty; it was adherent to the peritoneum covering it, and had to be scraped away, some parts being nothing more than pus-containing cavities. After complete removal of the tumors, the cavities left were filled with a solution of iodoform in alcohol and ether and the peritoneum united with catgut sutures over them. The peritoneal cavity was now cleansed, and the parietal wound closed with silk sutures. After the operation no further attacks of pain, nausea, vomit-



ing or giddiness took place. A few days after the operation an abscess formed in the abdominal wall at the seat of the wound, but this was relieved by removing the suture, and the patient soon recovered. On October 8 he was discharged quite well, and remained so till October, 1891, when he was last heard of.

### Book Reviews.

**The Transactions of the Second Annual Meeting of the Military Surgeons of the National Guard of the United States.** Held at St. Louis, Mo., April, 1892. 8vo. pp. 189. [Office of the Secretary, 515 Olive street, St. Louis.

Dr. or rather Lieut-Colonel Eustathius Chancellor, Chairman of the Committee of Arrangements for the meeting, is to be congratulated upon the success of the meeting held in St. Louis, as also upon the elegant appearance of the transactions, which were published under his supervision. The volume, as delivered to the members, is an ornament to any library. The reviewer is especially impressed, however, with the subject-matter of the transactions.

To the uninitiated it is surprising how much good work was accomplished, how many excellent papers by distinguished medical national guard officers were read, as also the amount of work the association has "cut out" for itself. The list of members is a guarantee of its future success.

The subject of the improvement of the National Guard of the various States is at present engaging the attention of many of our best men, and it is a matter of congratulation with the members of the medical profession that the first advance in this direction has been made by the Medical Department. It is noticeable, from the transactions, that the medical men in the Eastern States predominate, although the idea of the Association had its inception in the West and so far has been mainly sustained by a few of the medical officers connected with the National Guard in the West. That this association represents one of if not the most important department of the citizen soldiery will be conceded by all who will give thought to the subject. We sincerely trust that at the next meeting the West will be better represented. Copies can be had for \$1.50 of Phil. Roeder, 307 N. 4th street, St. Louis.

**The Medical and Dental Register-Directory and Intelligencer of Pennsylvania, New Jersey and Delaware (1892 Edition).** Pp. 424; price, by mail, \$1.25. George Keil, Publisher, 306 Chestnut street, Philadelphia.

This book contains a complete list of the National and State Medical and Dental Associations, with their officers and date of meetings, Medical and Dental Colleges of the United States, and other very valuable material, Medical and Dental Laws, Hospitals, Homes, etc., etc., also the lists of Medical and Dental practitioners, with their school and year of graduation, post-office addresses, and office hours.

The work has been carefully compiled, and bears the impress of being thoroughly reliable in all its departments. It is well printed on good paper, nicely bound, and its appearance carries with it irrefutable evidence that it is of that class of publications which immediately take popular hold in the special field for which they are designed.

**A Text Book of the Principles and Practice of Medicine,** for the use of Medical Students and Practitioners. By HENRY M. LYMAN, A. M., M. D., 8vo. pp. 926. With One Hundred and Seventy Illustrations. [Philadelphia: Lea Brothers & Co., 1892. Price, cloth, \$4.75; leather, \$5.75.

In the volume before us we are presented with an entirely novel method of handling the subject. The author in his preliminary considerations speaks of growth and development, following this up with a notice of the regressive and progressive disturbances of nutrition. Tumors occupy no inconsiderable share of attention and very justly so. Before attempting a description and explanation of inflammation and fever, contagion and infective diseases are described in a very lucid and painstaking manner. The second part of the work enters upon the description of diseases proper, and we are first introduced to those which properly belong to the parasitic and infectious classes. These include quite a large number of the most important as well as common of the diseases which affect the organism. The diseases caused by vegetable parasites are numerous, in view of the fact that in this category are included all those due to the direct or indirect influence of micro-or-

ganisms. In this part the author considers, among other affections, typhoid fever, diphtheria, tuberculosis, syphilis, measles, scarlatina, small-pox, yellow fever, hydrophobia, etc.

In Part III the diseases of the alimentary canal are taken up in a very thorough manner, diseases of the liver, pancreas, peritoneum and spleen constituting the subjects of the next part. Diseases of the organs of respiration come next, to be followed by those of the organs of circulation and diseases of the blood. Diseases of nutrition, which include gout, rheumatism, alcoholism, etc., are pretty fully elucidated in part VIII. Diseases of the kidneys and genito-urinary organs next follow, the work closing with a well-written exposition of the diseases of the cerebro-spinal system and its appendages.

We have not the space at our command to enter into a detailed synopsis of the contents of the work before us, but the imperfect sketch of its contents which we have given is certainly sufficient to show that the work is more than ordinarily complete. A feature in connection with it, which we think will appeal to prospective readers and students of this book, is that it is up to the times. Another feature in connection with it is that the author only presents us with those views which are sound; and, in consequence, he does not indulge in discursive ramblings into the purely theoretical domain of medicine. He does not dilate to any great extent on the treatment of the various conditions he describes; but, on the other hand, the clinical descriptions are clear and sharp-cut, whilst the pathological changes are noted with a surprising fidelity.

Our examination of Lyman's work has been very gratifying to us and we can recommend it as a most excellent work on the general principles and practice of medicine. Of course, it is not complete, nor would we expect such a thing. When we consider that nearly every subject has formed the basis of a thorough study and furnished the material for a large work, the most we can expect is a clear and succinct abstract of the most salient points, and this is the very thing which has been done in the work before us.

We feel certain that this book will meet with a large and ready sale at the hands of the profession, and the publishers are certainly deserving of a high degree of praise for the manner in which they have done their part of the work.

**The Ready Reference Handbook on Diseases of the Skin.**

By GEORGE THOMAS JACKSON, M. D. 12mo. pp. 541.  
with fifty Illustrations. [Philadelphia: Lea Brothers &  
Co. 1892. Price, \$2.75.

This handbook has the evidence of careful preparation, and the author has had abundant experience both as a clinical teacher and as an author to justify us in expecting something good at his hands. The book consists of an introductory part devoted to the anatomy of the skin and to those general considerations appertaining to the general outlines of treatment, symptomatology, pathology, etiology, etc. We are then given an account of the several diseases of the skin, including syphilis, the matter being arranged in an alphabetical manner. A formulary closes the work.

So far as the anatomy is concerned we are presented with a succinct and correct résumé of the subject, which gives a clear conception of the entire structure of the cutaneous envelope. The alphabetical arrangement is certainly a convenient one for ready reference, but, to our mind, it is not the proper method for the study of the troubles which are dealt with. It serves to add much confusion which could be easily avoided were the entire subject handled in a more analytical manner. Yet this is perhaps nothing but a personal preference which varies with the likes or dislikes of every teacher of dermatology. So far as the text itself is concerned it is well written and clear in style, as well as illustrative of the facile pen which the author wields.

So far as the formulary is concerned there is a very good selection of the standard formulæ which are in common use by dermatologists, but we desire to enter our protest to the one which purports to represent Hebra's diachylon ointment. This ointment is not made by cooking lead plaster in oil, but by heating olive oil, water, and litharge together. We insist that this valuable remedial agent should not be misrepresented by any method which will yield a most inferior product.

We have felt surprised that so excellent a handbook as the one before us should display such a typographical error in the index as *Raymond's* disease for *Raynaud's*. It is not the usual thing for any of the publications issued by the Lea's to have such glaring errors. On the whole, this little work is a good and reliable one, reflecting credit upon its author.

**Practical Treatise on Diseases of the Skin.** By JOHN V. SHOEMAKER, A. M., M. D. 8vo. pp. 878. Second Edition, Revised and Enlarged with Chromogravure Plates and other Illustrations. [New York: D. Appleton & Co., 1892.]

It is some four years since the first edition of this work appeared, and we are pleased to note that the present edition is a marked improvement over its predecessors. Many errors which had been allowed to pass unnoticed before have been corrected, and the plates which are now presented to us are certainly much superior to the former ones which appeared. In that portion devoted to general considerations we find that the author has become broader and has included many subjects which had not even been mentioned before.

We cannot take up each subject separately, but we have noted that the author in some instances still persists in the old views, which a small amount of study would have shown him to be incorrect or incomplete. For instance, the sweat gland is said to consist of a number of convolutions of a minute tube, and we are furthermore told that "the tube then ascends in a perpendicular or oblique direction to the *free surface of the epidermis* and becomes the duct or excretory canal of the gland." As a matter of fact, the true sudoriparous tube does not extend to the free surface of the epidermis, and it may be easily recognized by the fact that this tubule is lined with columnar epithelium, which disappears long before it reaches the external surface of the epidermis. Again, he quotes Kölliker's view that this gland first appears in the fifth month of embryonic life when, as a matter of fact, it can be observed as early as the fourth, or even earlier.

With the possible exception of a few inaccuracies of a histological character, the book as a whole is well written. We have looked over the work carefully but fail to find descriptions of parasitic eczema as well as of disseminate parasitic perifolliculitis. These affections are of comparatively frequent occurrence in our experience, and their treatment is so simple and the results obtained are so uniformly satisfactory that they certainly deserve a mention.

A characteristic of Shoemaker's work is the attention he gives to therapeutics. He places more than ordinary reliance upon internal measures, although he by no means neglects external remedial agents. His clinical descriptions are also

quite elaborate, whilst his pathological material is much superior to that which he presented to us before. His classification is that of the American Dermatological Association, which is comparatively simple and easily understood. *Moluscum epitheliale* is properly included among the new growths, but we must differ from the author when he states that it is rare and that "it occurs mostly in the poor, especially in children improperly fed, who also do not receive general care." In our experience it has occurred pretty frequently in adults who were in the best circumstances, and in fat, healthy children whose parents were rich. However, this is simply a matter of personal observation, but it is well always to call attention to a seeming inaccuracy dependent purely upon a personal experience which is always necessarily of a more or less limited character.

Syphilis is considered among the exudative diseases. We have always inclined to look upon it as a neoplastic process and we are supported by the findings of those who have made microscopical studies of the lesions occurring as a result of the process. However, so far as the descriptive and therapeutical portions are concerned, the author leaves nothing to be desired.

The book concludes with a formulary embracing one hundred and four pages, which should certainly be enough to satisfy any one. We have a personal antipathy to such extensive formularies, as they destroy, to a large degree, the therapeutic independence of the student. There are certain classic formulæ which should certainly be given; but, given a list of diseases and remedies to be applied to them encourages an empirical method and that should certainly be avoided.

The publishers have put up the book in handsome form, and will, no doubt, dispose of this edition much more rapidly than of the first.

O.D.

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**A Successful (?) Medical Author.**—We have the authority of the *Medical Press* for the statement that a medical author who, to ensure success in the eyes of the uninitiated, printed one thousand copies of a book, on each fifty of which he had a different "edition" printed, so that by the time the last fifty were drawn upon, the book had reached its twentieth edition. We may add that we know that man, "he comes from Sheffield."

### Literary Notes.

**Pamphlets Received.**—The following pamphlets and reprints have been received during the past month, and we take this opportunity of returning thanks therefor :

**Medical College Announcements.**—Albany Medical College; University Medical College, Kansas City, Mo.; Manitoba Medical College, Winnipeg; Gross Medical College, Dever; University of the State of Missouri; Bellevue Hospital Medical College, New York; Rush Medical College, Chicago; Woman's Medical College, St. Louis; St. Louis College of Physicians and Surgeons; Marion-Sims College of Medicine, St. Louis; Beaumont Hospital Medical College, St. Louis; Missouri Medical College, St. Louis; St. Louis Medical College; University of Michigan, Department of Medicine and Surgery, Ann Arbor; National University, Department of Medicine, Washington, D. C.

**Remarks on the Nature and Treatment of Tuberculosis.** By E. L. Shurley, M. D. (Reprint from Trans. Mich. State Med. Soc. 1892); Report for the year 1891-92, presented to the Board of Managers of the Observatory of Yale University to the President and Fellows: The Vertigo of Arterio-Sclerosis, by Archibold Church, M. D. (From the *Medical News*, June 25, 1892); Kane's Improved Broncho Bicycle; Two Cases of Carcinoma of the Uterus, by J. T. Jelks, M. D. (Reprint from *Jour. State Med. Soc. Ark.*, Feb. 1891); Two Cases of Tubercular Osteo-Myelitis of Tibia, by J. T. Jelks, M. D. (Reprinted from North Texas Med. Ass., June 12, 1889); Hepatic Abscess. Report of a Case with Remarks upon the Smoeba Coli, by William A. Edwards, M. D., and James Sears Waterman, M. D. (Reprinted from *Pac. Med. Jour.* March, 1892), Arthrodesis, von Prof. Dr. Schnelle, (Separat-Abdruck aus der Real-Encyclop. Ges. Heilk.); Zur operativen Entfernung eingeklemmter Gelenkmäuse des Kniegelenkes, von Prof. Dr. Max Schueller. (Sonderabdruck aus der *Deut. Med. Woch. Schr.* No. 32, 1890); Le Traitement par l'Electrolyse des Déviations et Eperons de la Cloison du Nez, par T. Bergoiné et E. J. Moure. (Paris: O. Doin, 1892); Anæmia:

Its Treatment by a New Preparation of Iron, by Reynold W. Wilcox, M. A., M. D. (Reprint from *N. Y. Med. Jour.* 1893); The Ethics of Opium Habitués, by J. B. Mattison, M. D. (Reprint from *Brooklyn Med. Jour.*, Aug. 1888); Gastro-Thoracopagus, by F. D. Haldeman, M. D. (Reprint from *Omaha Clinic*, July, 1892); Comparative Value of Mercury and the Iodides in the Treatment of Syphilis, by James T. Jelks, M. D. (Reprinted from *Jour. Am. Med. Ass.*, Dec. 20, 1890); Some Effects of Blenorrhœa in Women, by James T. Jelks, M. D. (Reprinted from *Am. Gyn. Jour.*, March, 1892); Insufficiency of the Ocular Muscles (Heterophoria), Cause of Headache, by Dr. Havel B. Tiffany (Reprint from *Kansas City Med. Rec.*, July, 1892); Neber die Heilung der Tuberkulose und die Biologie des Tuberkelbacillus, von Prof. Dr. Klebs. (Separatabdruck aus der Verhandl. des XI. Congresses F. Inner Med. 1892); On Surgical Shock, by John H. Pockard, A. M., M. D. (Reprinted from *Trans. Med. Soc. N. Y.*, Feb., 1892); How to Treat Nasal Catarrh—Extracts from a Paper read before the Toledo Medical Society, by Allen De Vilbiss, M. D.; Saws in Surgery, by Allen De Vilbiss, M. D. Annual Report of Department for Insane of Pennsylvania Hospital for year ending April 20, 1892; Report of an Operation for Removal of the Gasserian Ganglion, by Emory Lanphear, M. D., Ph., D. (Reprinted from *International Journal of Surgery*); When Shall We Trephine in Fractures of the Skull? by Emory Lanphear (Reprinted from the *Kansas City Medical Index*); The Uses of Fever—The Dangers of Antipyretics in Typhoid Fever, by J. H. Musser, M. D. (From the *Medical News*, April 23, 1892); Whooping Cough—Its Management, its Climatic Treatment, by J. H. Musser, M. D. (Reprinted from the *Climatologist*, Nov. 1891); Grave Forms of Purpura Hæmorrhagica, by J. H. Musser, M. D. (Reprinted from *Trans. Ass. Am.-Phys.* 1891); Tuberculous Ulcer of the Stomach, by J. H. Musser, M. D. (Reprinted from *Phila. Hosp. Reports*, Vol. I, 1890); Some Clinical Remarks on Dysentery, by John H. Musser, M. D. (Reprinted from *University Med. Mag.*, Dec. 1890); On the Gastric Disorders of Pulmonary Tuberculosis, by J. H. Musser, M. D. (Reprinted from *Univ. Med. Mag.*, July, 1891); Report on Abdominal and Pelvic Surgery, including Thirty-two Successful Cases of Laparotomy, by William W. Walters, M. D.



(Reprinted from *Jour. Am. Med. Ass.*, Jan. 4 and 11, 1892); The Tubal Abscess as an Indication for its Treatment, by Walter B. Dorsett, M. D. (Reprinted from *Am. Jour. Obs.*, No. 2, 1892); Habitual Abortion, by E. S. McKee, M. D. (Reprinted from *Am. Jour. Obs.*, No. 6, 1892); Concerning the Employment of Light in the Treatment of Disease, by Will F. Arnold, M. D. (Reprint from *South. Prac.*, Sept., 1892); Los Nuevos Clamps para las Operaciones del Abdomen, por el Dr. R. Martin Gil. (Publicado en la *Gaceta Médica Catalana*); Relations of Pulmonary Phthisis to Rectal Fistula, by Leon Strauss, M. D. (Reprint from *Trans. Mo. State Med. Ass.* 1892); A Review of Ideality of Medical Science, by Maurice J. Bonstein, A. M., M. D. (Reprinted from *Doctor's Weekly*), A Case of Abscess of the Temporo-Sphenoidal Lobe, and of the Middle Lobe of the Cerebellum, by Frank P. Norbury, M. D. (Reprinted from *Medical News*, May 14, 1892); Sulphide of Calcium, or Calx Sulphurate, in Tonsillitis, by Frank P. Norbury, M. D. (Reprinted from *Ther. Gaz.*, May 16, 1892); Epilepsy, by Frank P. Norbury, M. D. (Reprint from *Trans. Ill. State Med. Soc.*, 1891); Athetosis Bilateralis, by Frank P. Norbury, M. D. (Reprint from *Med. Fortnightly*, April 15, 1892); Practical Cerebral Localization, by Frank P. Norbury, M. D. (Reprint from *Med. Fortnightly*, July 1, 1892); Prospectus of the St. Louis College of Pharmacy, Session 1892-93; Retroanterograde Amnesia, with Report of Two Cases, by J. T. Eskridge, M. D. (Reprint from *Alienist and Neurologist*, July, 1892); Annual Lectures delivered before the Alumni Association of the College of Physicians and Surgeons of Baltimore, April 11-12, 1892, by Dr. W. E. B. Davis; Early Symptoms of Hip Disease and Ætiology of Hip Disease. Treatment of Abscess in Hip Disease, by H. Augustus Wilson, M. D. (Reprinted from *Archives of Pediatrics*, Aug. 1892); Gynæcological Technique, by Howard A. Kelly, M. D. (Reprinted from *N. Y. Jour. Gyn. and Obst.*, July, 1892); Clinical Report of Cystectomy for Polycystic Ovarian Tumor, by Howard A. Kelly, M. D. (Reprint from *Med. and Surg. Rep.*, Aug. 13, 1892); Excision of Tubercular Knee-Joint—A Case of Incipient Hip-Joint Disease, by H. Augustus Wilson, M. D. (Reprint from *Am. Jour. Surg.*); Chloralamid: The Treatment of Insomnia, by Joseph Collins, M. D. (Reprint from *Jour. Nerv. and Ment. Dis.*, July, 1892); Dors Javal's Ophthal-

mometer render the Use of Atropine Unnecessary? by G. Melville Black, M. D. (Reprinted from *Arch. Ophthalm.*, No. 3, 1892); A Uniform System of Bankruptcy—Report of Dr. Oates, No. 1674, fifty-second Congress, first Session; The Effect of Diseases of the Ear upon the General Condition, by William Cheatham, M. D. (Reprint from *Med. and Surg. Rep.*); Clinical Lecture Delivered at the Second Annual Meeting of the Association of Military Surgeons of the United States, by N. Senn, M. D., Ph. D. (Reprint from *Proceedings* 1892); The Treatment of Epilepsy, by Frederick Peterson, M. D. (Reprint from *Buffalo Med. and Surg. Jour.*, Aug. 1892); Progress in the Care and Colonization of Epileptics, by Frederick Peterson, M. D. (Reprinted from *Jour. Nerv. and Ment. Dis.*, Aug. 1892); Outline of a plan for an Epileptic Colony, by Frederick Peterson, M. D. (Reprinted from *N. Y. Med. Jour.*, July 23, 1892); Original Research in Relation to Animal Economics, by Frank S. Billings, M. D. (Reprinted from *Times and Register*, Jan. 24, 1891); Alice Mitchell, of Memphis, by T. Griswold Comstock, Ph. D., M. D. (Reprinted from *N. Y. Med. Times*, Sept., 1892); Colpo-Perineorrhaphy, by Edward W. Jenls, M. D. (Reprinted from *Jour. Am. Med. Ass.*, July 16, 1892); Second Annual Report of the Midwifery Dispensary, New York City; The Trial of Alice Mitchell for Killing Freda Ward, Forensic Psychiatry. (Reprint from *Memphis Med. Monthly*); Salophen in Acute Rheumatism, by William H. Flint, M. D. (Reprint from *N. Y. Med. Jour.*, July 30, 1892); Popular German Names of Domestic Drugs and Medicines, by Dr. F. Hoffman, 1892); Asepsis and Antisepsis as Applied in the Lying-In Chamber, by William Warren Potter, M. D. (From the *Med. News*, July 23, 1892); Pelvic Inflammation in Women—A Pathological Study, by William Warren Potter, M. D. (Reprinted from *Am. Gyn. Jour.*, Dec. 1891); The Country Practitioner, by Dr. Cheves Bevell, (Reprint from *St. Louis Med. and Surg. Jour.*, June, 1892); Evolution from a Scientific Standpoint, by John Pope Stewart, M. D.; Proceedings of the Third Annual Meeting of the Tri-State Medical Society of Ala., Ga., and Tenn., held Oct. 27-29, 1891; The Lacerated Cervix, by W. G. Bogart, M. D., Should not Oculists be More Careful in Prescribing Colored Glasses? by W. L. Bullard, M. D.; Bromide of Ethyl as an

Anæsthetic, by E. H. Kuynkendall, M. D. (Reprinted from *Southern Med. Rec.*); Operation for Appendicitis—Report of a Case, by Edwin Ricketts, M. D.; Note on the Hysterical Concomitants of Organic Nervous Disease, by C. H. Hughes, M. D. (Reprint from *Alienist and Neurologist*, July, 1892); Medical Manhood and Methods of Professional Success, by C. H. Hughes, M. D. (Reprint from *Alienist and Neurologist*, July, 1892); Beitrag zur Freund, Schen Ichthyolbehandlung der Frauenkrankheiten, von Dr. Edgar Kurtz. (Sonderabdruck aus der *Deut. Med. Woch. Schrft.* No. 43, 1891); Bakteriologische Untersuchungen die antiseptischen Eigenschaften des Ichthyols betreffend, von Dr. Latteux. (Sonderabdruck aus *Monatsh. F. Prak. Dermat.*, Bd. XIV, Heft 10); Tuberculosis and the Living Cell, by Charles Denison, A. M., M. D. (From the *Medical News*, Sept. 17, 1892).

**Books Received.**—The following books have been received and will be reviewed in the JOURNAL:

Gonorrhœa and Urethritis, by G. Frank Lydston, M. D., 12 mo., pp. 216. Physician's Leisure Library. [Detroit: Geo. S. Davis, 1892. Price, 25 cents.

Popular German Names of Domestic Drugs and Medicines. Volksthümliche Deutsche Arzneimittel-Namen. Bearbeitet von Dr. Fr. Hoffmann, 8vo., pp. 36. [New York: Office of *Pharmaceutische Rundschau*, 1892. Price, 40 cents.

Inoculation a Preventive of Swine Plague, with the Demonstration that the Administration of the Agricultural Department is a Public Scandal. An Exposure, by Frank S. Billings, M. D., 8vo., pp. 321. [Lincoln, Neb.: Published by the Author, 1892.

Medical Communications of the Massachusetts Medical Society, Vol. XV, No. III, 1892, 8vo., pp. 562-840. Boston: Printed by David Clapp & Son, 1892.

The Ready-Reference Handbook of Diseases of the Skin, by George Thomas Jackson, M. D., 12mo., pp. 553. With fifty Illustrations. [Philadelphia: Lea Brothers & Co., 1892.

A Practical Treatise on Diseases of the Skin, by John V. Shoemaker, A. M., M. D., 8vo., pp. 878. Second Edition, Revised and Enlarged with Chromogravure Plates and Other Illustrations. [New York: D. Appleton & Co., 1892.

Tuberculosis of Bones and Joints, by N. Senn, M.D., Ph.D., 8vo., pp. 520. Illustrated with 107 Engravings (seven of them

colored). [Philadelphia: The F. A. Davis Co., 1892. Price, cloth, \$4.00 net; sheep, \$5.00 net; half Russia, \$5.00 net.

The Students' Quiz Series published by Lea Brothers & Co., Philadelphia. Price, \$1 00 each.

Obstetrics. A Manual for Students and Practitioners, by Charles W. Hays, M. D., 12 mo., pp. 190.

Practice of Medicine. A Manual for Students and Practitioners, by Edwin T. Doubleday, M. D., and J. Darwin Nagel, M. D., 12 mo., pp. 221.

Genito-Urinary and Venereal Diseases. A Manual for Students and Practitioners, by Charles H. Chetwood, M. D., 12 mo.; pp. 178.

Gynecology A Manual for Students and Practitioners, by G. W. Bratenahl, M. D., and Sinclair Tonsey, M. D., 12 mo., pp. 211.

The Principles and Practice of Medicine, Designed for the Use of Practitioners and Students of Medicine. By William Osler, M. D., Appleton Medical Library. Large 8vo. pp. 1079. [New York: D. Appleton & Co., 1892.

An American Text Book of Surgery for Practitioners and Students. Edited by William W. Keen, M. D., L. L. D., and J. William White, M. D., Ph. D. Profusely illustrated. Sold by subscription only. Large 8vo. pp. 1209. Cloth, \$7.00; Sheep, \$8.00; Half Russia, \$9.00. [Philadelphia: W. B. Saunders, 913 Walnut street. 1892.

German Names of Domestic Drugs and Medicines is the title of a pamphlet which has been compiled by Dr. Fred Hoffman and which is published by the *Pharmaceutische Rundschau* of New York. This publication will be found especially useful by pharmacists and physicians, and in this second edition many additions have been made, thus rendering its usefulness greater. Anyone desirous of obtaining a copy can do so by sending 40 cents to P. O. Box 1680, New York.

A Public Scandal is what Dr. Frank S. Billings regards the manner in which the Government, as represented by the Agricultural Department, treated him in the matter of his experimental inoculations for the prevention of swine plague. He has published a complete narrative of the whole affair at his own expense, and the recital occupies 321 octavo pages.

Dr. Billings is well known for his scientific work, and his exposure is one which certainly seems to place him in the light of a conscientious worker who has been done a great wrong by those whose moral obligation it was to give him all the support which his disinterested efforts deserved.

**Medical Journal Advertising** is the title of an elegant little manual published by Hummel and Parmele. It not only contains the rating and advertising rates of all the prominent medical journals, but also many readable articles from prominent medical men and medical advertisers. To any one contemplating the use of medical journals through which to reach the medical profession this little book will be found invaluable. Until reading it we did not fully appreciate to what a science advertising has been brought. Address Dr. A. L. Hummel, 612 Drexel Building, Philadelphia.

**Contributions of Physicians to English and American Literature** is an interesting compilation by Dr. Robert C. Kenner, who has succeeded in presenting us with a very readable duodecimo of 93 pages. It contains short biographical sketches of doctor-authors and these are followed by selections from their works. The matter is selected with care and judgment. Those who are not well versed in the work doctors have done in English literature could do no better than obtain and read this booklet. It will while away the time pleasantly and will show that medicine is not a study that completely dries up all the humanity in a man. The present is one of the numbers of the Physician's Leisure Library published by Geo. S. Davis, of Detroit, the price being 25 cents.

**Tales from Town Topics** is a quarterly duodecimo published in New York, G. S. Nicholas being the sole agent. To those who have read *Town Topics* it is unnecessary to explain what the Tales are. Each volume, of over 200 pages, is replete with stories, poems and short jokes of a most piquant nature. Whilst we would not recommend it for the perusal of misses, it is nevertheless written in an admirable style, albeit it deals with topics of the day many of which are *risqué*. It is well up to date, and deals with the prevalent foibles and follies of mankind. Many a physician will see mirrored events similar to those he has met in the course of his professional career. The price, 50 cents, places it within the reach of all,

and the enormous sales it has met with in the East are the best indication of the popularity of this quarterly collection of spicy tales.

Gonorrhœa and its Treatment will certainly never lose its interest for the general practitioner or specialist. The latest we have seen upon this subject is the little work of Dr. G. Frank Lydston, published in the Physician's Leisure Library. Within its 215 pages the author has succeeded in condensing much valuable material which is withal of a highly practical nature. Although rather speculative at the inception of his topic, he soon enters upon the clinical and therapeutical portions of his subject and gives us a concise and well-considered little treatise of a rational character upon this almost universal affection. He is no believer in the gonococcus of Neisser, nor does he ever uphold the old theory as to the specificity of gonorrhœa. He is of the opinion that urethritis may be transformed into gonorrhœa, providing that the environments be favorable for such an evolutionary change. We must confess our doubts when we read that the author has seen a case of violent urethritis, in a man, followed by gonorrhœal rheumatism, contracted from a woman apparently free of the disease. We would suggest that Skene's tubules be examined in the next case of a similar character. We cannot go into a detailed critique of this interesting little book, but would recommend our readers to purchase a copy of Geo. S. Davis, of Detroit, and examine it at their leisure. They will find it a valuable reference book in the treatment of gonorrhœa both in the male and female, and its careful perusal will give them much food for thought. The price is uniform with that of the other numbers of the series—25 cents.

The Student's Quiz Series has been issued recently by the firm of Lea Brothers & Co. of Philadelphia, at the uniform price of \$1.00 each. We have received the following up to the present.

1. Gynecology, by G. W. Bratenahl, M. D., and Sinclair Tousey, M. D., pp. 211.
2. Genito-Urinary and Venereal Diseases, by Chas. A. Chetwood, M. D., pp. 178.
3. Practice of Medicine, by Edwin T. Doubleday, M. D., and J. Darwin Nagel, M. D., pp. 219.

4. Obstetrics, by Charles W. Hoyt, M. D., pp. 190.

5. *Materia Medica and Therapeutics*, by L. F. Warner, M. D., pp. 223.

We have carefully examined each one of these booklets and we are pleased to say that they are deserving of more than a passing notice. Each one is the work of an instructor or demonstrator who has had experience in the practical teaching of medical students, and the form of question and answer has been adopted as that which is the best for the purpose intended. Dr. Gallaudet, who has had the charge of editing the entire series, has done his work in a manner which leaves nothing to be desired. The essentials only are given in each number of this quiz series, but this condensation has its peculiar value in this, that it furnishes the student with landmarks by which he is enabled to guide himself with certainty. We do not remember having seen a better series of the kind, and we are certain that it only requires to be known to immediately spring into popularity. We anxiously await the other numbers, as we are certain from the names of their authors that they are among the best in the series. The publishers have bound the volumes in a handsome quaker-green cover, and the paper, whilst most excellent, is sufficiently thin to make the books "handy" to carry about. We can heartily commend these quiz books to the attention not only of students but instructors as well. They will be found accurate and reliable and great labor-savers at the same time.

**Tempted.**—Our readers may have read our leading editorial on a threatened danger. As we feared, some journals have been tempted by the glittering offer and we are indeed sorry to see that they have bartered their respectability for a comparatively small sum of money. The *Maryland Medical Journal* has published the advertisement of the great "Chemical Cure" for consumption accompanied by the testimonials of patients and physicians (?). The *Medical Brief* has also succumbed to the siren-like influence of gold, and no doubt, others will be found who are willing to sell their manhood and respectability for a mess of pottage. THE ST. LOUIS MEDICAL JOURNAL does not need money as badly as that yet. We would like to mention the concern, but we do not care to advertise it even that much after having refused a flattering offer.

### Melange.

The Tri-State Medical Society of Georgia, Alabama, and Tennessee held its fourth annual meeting at Chattanooga, Tenn., Oct. 25-27 last.

The Next Congress of French Scientific Societies will take place in Paris. The first general meeting will be held in the Sorbonne on April 4, 1893.

A San Diego Woman 130 years old and two Indian men aged respectively 120 and 125 years have promised to visit Chicago next year during the exposition and give an exhibition of their native dances.

Dr. F. Reder, of Hannibal, Mo., has recently won two valuable prizes for the best essay offered in a contest as to original work. His first paper was on "The Rubber Bulb as an Aid in Intestinal Resection."

The St. Louis *Medical Era* is the latest bantling. It is a monthly quarto of thirty-six pages, edited by S. C. Martin, M. D. The price of the new aspirant to journalistic honors is \$2.00 a year. We wish it success.

The San Francisco Polyclinic, the Post-Graduate Medical Department of the University of California, has been opened, and its preliminary announcement gives great promises of a valuable course of lectures.

The District Medical Society of Central Illinois and the Brainard District Medical Society met in joint session at the Leland Hotel, Springfield, Ill., Thursday and Friday, October 13-14, 1892. The meeting was decided a pronounced success.

La Revista Medico-Quirurgica Americana has just appeared. It is a quarto monthly published in New York and printed entirely in the Spanish language. The editors are Drs. Samuel E. Milliken and Redro J. Salicrup. It is intended to push its circulation in Mexico, South America and the Antilles.



**A Number of Lawsuits** instituted by the Chicago Health Commissioner against physicians who had failed to report cases of typhoid fever were last month withdrawn by him and the cost met by his department. The physicians claimed to have received no notification of the ordinance requiring such a report.

**The Southern Surgical and Gynecological Association** will hold its fifth annual meeting in the city of Louisville, Tuesday, Wednesday and Thursday, November 15, 16, and 17, 1892, under the presidency of Dr. J. McF. Gaston, of Atlanta. Members of the medical profession are most cordially invited to attend.

By order of the Council,

W. E. B. DAVIS, Secretary.

**Mitchell District Medical Society.**—The following officers were elected at its recent meeting :

President—Dr. Dudley S. Reynolds, Louisville, Ky.

Vice-President—Dr. C. W. Murphy, Salem, Ind.

Secretary and Treasurer—Dr. George W. Burton, Mitchell, Ind.

Place of next meeting—Spencer, Ind. Time—December 29, 30, and 31, 1892.

**The St. Louis Medical College** celebrated its semi-centennial on the 18th ult. The occasion was one which brought out large numbers of the alumni, and a banquet served to add zest to the occasion. The ceremonies were held in the new college building and everyone was delighted with the improvements which this well-known institution manifested upon the occasion. Speeches and toasts were numerous, and everything pointed to renewed life and vigor for one of the oldest medical institutions of the Mississippi Valley.

**The St. Louis Medical Society**, at its regular meeting held October 22, among other things considered the following Amendment to the Constitution, which was voted upon and defeated :

Amendment, Art. I., Sec. 4. The election for associate membership shall be by ballot, and no applicant shall be considered elected who shall not have received at least four-fifths of the votes of the associate members present. Appli-

cant for associate membership must have engaged in the practice of medicine for two (2) years next preceding date of application.

**Germ-Catchers.**—In our last volume, says the *Medical Times and Register*, Dr. Dixon told our readers how he found the bacilli of tuberculosis in the dirt scraped from a woman's trailing skirt. We are fully aware that if the ladies consider trails in fashion, trails they will wear, even at the risk of bringing back to their homes the germs of all known infections. Of course, they will be very much grieved if the children die of diphtheria, scarlatina or measles, but no self-respecting woman will wear a short skirt in the street when fashion prescribes a trail. We men may rail and rant about it, but what woman wouldn't face all the ills in Pandora's box rather than be called a "dowdy."

**Cholera a Possible Blessing in Disguise.**—Dr. Collingridge, of the port of London, is one of those men who can discern a "silver lining" to even the dark cloud of epidemic cholera (*N. Y. Med. Jour.*) He is reported in one of the London papers to have said, in substance: In fact, the cholera is the best thing that can happen to us. If we did not get a scare about once in three years, our sanitation would soon get neglected. Cholera passed our first great Public Health Act. It formed our port sanitary regulations and authority. These acts have saved more human lives than ever cholera destroyed since the world began. If the cholera experience of the port of New York in 1892 can do for us something intelligent, humane, or even human in the way of sanitary legislation, these squalid immigrants who have excited so much harsh comment may prove to be angels in disguise to "a plentitude of generations yet to come."

**Quackery in Africa.**—An agent in Southwestern Africa, has written an account to Berlin of the present condition in that region (*Boston Medical and Surgical Journal*). A year ago a foreigner went through the country carrying on his back a bag filled with plasters, wafers, and different concoctions, which he made out of anything that came to hand, and replenished as they became exhausted. He advertised himself as much as possible, and received a most enthusiastic wel-

come from the natives. He remained only one or two weeks in one place and took payment in cattle which he drove from place to place. When he reappeared upon the coast he had a herd of about a thousand cattle. The German agent writes that the natives, after he had left the country, found out that they had been swindled, and that it would not be safe for any dealer in medicines to travel through the district.

**The American Orthopedic Association**, at its recent annual meeting held in the city of New York, September 20, 21 and 22, 1892, elected the following officers to serve for the ensuing year :

President—Dr. A. J. Steele, St. Louis.

Vice-Presidents—Dr. Samuel Ketch, New York; Dr. Arthur J. Gillette, St. Paul.

Treasurer—Dr. A. B. Judson, New York.

Secretary—Dr. John Ridlon, 34 Washington St., Chicago.

The next annual meeting will be held in St. Louis the third week in September 1893.

**American Gynæcological Society.**—The officers elected for the ensuing year :

President—Theophilus Parvin, of Philadelphia.

Vice-Presidents—Wm. H. Parish, of Philadelphia and Wm. H. Baker of Boston.

Secretary—H. C. Coe, of New York.

Treasurer—M. D. Mann, of Buffalo.

Council—B. B. Brown, A. P. Dudley, E. C. Dudley, Willis Ford.

Honorary Members—Robert A. Battey of Rome, Ga. and Prof. Morisani, of Naples.

The next meeting will be held in Philadelphia on the third Tuesday in May, 1893.

**Prize Essays of the Action of Alcohol and Its Value in Disease.**—The American Medical Temperance Association, through the kindness of J. H. Kellogg, M. D., of Battle Creek, Mich., offers the following prizes :

1. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experiment."

2. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the Secretary of the Committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in type-writing, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June 1893, and the successful essay read.

These essays will be the property of the Association, and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country. Address all inquiries to T. D. Crothers, M. D., Secretary of Committee, Hartford, Conn.

The Mississippi Valley Medical Association held its annual meeting in Cincinnati, Oct. 12th, 13th and 14th last. Although the attendance was not equal to that which was expected it was found necessary to divide the meetings into two sections, the Proceedings of each of which were well filled with papers and discussions.

The profession of Cincinnati gave two receptions, one at the Art Museum and the other at the Grand Hotel, both of which were pronounced to be successes.

The following are the officers elect:

President—R. Stansbury Sutton, Pittsburg, Pa.

First Vice-President—W. N. Wishard, Indianapolis, Ind.

Second Vice-President—W. S. Christopher, Chicago, Ill.

Secretary—T. W. Fitzpatrick, Cincinnati, Ohio.

Treasurer—A. M. Owen, Evansville, Ind.

Chairman Committee of Arrangements—F. C. Woodbury, Indianapolis, Ind.

Committee on Credentials—C. S. Bond, Chairman, Richmond, Ind.; I. N. Love, St. Louis; J. B. Murphy, Chicago, Ill.; T. N. Stuckey, Louisville, Ky.; T. Potter, Indianapolis, Ind.

Judicial Council—C. A. L. Reed, Chairman, Cincinnati, Ohio; C. H. Hughes, St. Louis; W. H. Daly, Pittsburgh, Pa.

Next place of meeting, Indianapolis, Ind.

## Miscellaneous Notes.

**Mechanico-Therapeutics.**—The Mechanico-Therapeutic and Orthopedic Zander Institute, No. 219 Cardinal Ave. (31st and Olive) will be opened on Monday, October 3rd, Hours: Ladies from 9 A. M. to 3 P. M. Gentlemen from 3 to 9 P. M. All physicians are invited to visit the institution and inspect the Zander apparatus.

### Asyteria.—

R Antikamniæ ..... ʒss.  
 Alcohol ..... ℥. ʒj.  
 Elix ammon. valerian, ad ..... aa ʒvj.  
 M. S.: Fl. ʒi t. d.

HUGO ENGEL.

### Chronic Bronchitis.—

R Tinct. Nucl. Vom..... 1 drachm.  
 Tinct. Sanguinaræ..... 1 drachm.  
 Kennedy's Ext. Pinus Can. (dark)..... 4 drachms.  
 Syrup. Simp..... 4 oz.

Of this a drachm should be taken every four hours.

Neil MacGillcuddy, M. R. C. S., Bournemouth, in the *British Medical Journal*, reports as follows: "I write to add my testimony to the value of Phenacetine as an analgesic and antipyretic. I have now been using it for nearly two years, and have prescribed it in almost every variety of pain, from migraine and neuralgia to abscess of the ear, with invariably good results. In influenza it is the nearest thing to a specific we have yet discovered, and for children's diseases I know nothing superior, as while exercising its beneficial effects on allaying pain and fever, in no case have I seen unfavorable after-symptoms. It is difficult to understand why, in these days of new remedies, the attention of the profession has not been more drawn to it, especially in view of the many dangers that attend the use of antipyrine; and I think our thanks are due to Drs. Henry and Clemow for having brought the subject under discussion."

**Constipation.—**

- R Aloin.....gr. 1-5.  
 Ext. Bellad.....gr.  $\frac{1}{2}$ .  
 Ext. Nux Vomica.....gr.  $\frac{1}{4}$ .  
 Papoid.....gr. 1ss.  
 M. Ft. pill No. 1. (Use no water to form mass.) (Keep in air-tight vials.)  
 Dose. One pill once or twice a day.

**S. A. McMurray, M. D.,** Marion, Ohio, says: I used ALETRIS CORDIAL with very good results, in the case of Mrs.—, aged 23. Since the birth of her child, five years ago, she has been in a very poor state of health. At the time I saw her she was very much reduced. She also, since the birth of her child, had suffered with dysmenorrhea of a most severe type, the pain beginning three or four days before the appearance of the menstrual flow and lasting until one or two days after, its appearance being so severe as to confine her to her bed. She was also very nervous, had not much appetite, and did not sleep well. I ordered one teaspoonful of ALETRIS CORDIAL three times daily, beginning one week before the appearance of the menstrual flow, and continuing for two weeks, then to discontinue its use until a week before the next period. In conjunction she also took one teaspoonful of Celerine one hour after each meal, as I thought it would be beneficial on account of her nervous condition. I began to notice improvement in a short time, and at the next menstrual period there was little pain. From that time on there was marked improvement until at the end of two months she was free from pain at the catamenial periods. The nervous phenomena improved, as did also her appetite, until she is now, according to statement made me yesterday, in better health than she has been for six years.

“**Miss C.**—A teacher, aged nineteen, had suffered from Leucorrhoea continuously since she was fifteen years old, and at each return of the menses, as she expressed it, she wished to die during the first twelve hours, and for a day or so experienced such severe pains that she could not attend to her duties at school. I prescribed for her two tablets of Ponca Compound every six hours for ten days previous to the time of her menses, and to her surprise she had no pain whatever, and it passed off easily and has continued to do so since last December. Furthermore, the Leucorrhoea has entirely disappeared.

This is but one out of many similar cases that I could mention, and am inclined to believe that Ponca Compound is a specific for painful menstruation.”

FLOYD CLENDENEN, M. D.,  
 LaSalle, Ills.

**A Modern Method of Medication.**—Among the many methods of administering medicaments, the soluble elastic gelatin capsule is growing to be one of the most popular.

There are many efficient but unpalatable medicaments which may be readily exhibited in this way, without offending the palate of the most sensitive patients, and capsules are much easier to swallow and more soluble than pills.

Few physicians are aware of the many medicaments that are now administered in this way. Among these one need only mention the following to indicate the wide application of this method of giving numerous drugs :

Apiol, balsam fir, balsam Peru, cascara sagrada, castor oil, castor oil and podophyllin, chaulmoogra oil, cod-liver oil, cod-liver oil and creasote, cod-liver oil and iodine, cod-liver oil and iodoform, cod-liver oil and iron, cod-liver oil and phosphorus, copaiba, copaiba and cubeb; copaiba, cubeb and buchu; copaiba, cubeb and iron; copaiba, cubeb and matico; copaiba, cubeb, matico and sandal; copaiba, cubeb and sandal; copaiba, cubeb and sarsaparilla; copaiba and iron; copaiba, cubeb and turpentine; copaiba and sandal; creasote (beechwood), one minim; eucalyptus oil; gurgun balsam; linseed oil; liquor sedans; male fern and kamala; nitroglycerin, 1-100 grain; oil of pennyroyal; pichi extract: salol; tar, purified; valerian oil; Warburg's tincture; wintergreen oil; wormseed oil; quinine muriate and sulphate.

Of extra sized elastic-filled gelatin capsules there are castor oil, two and one-half to fifteen grammes; cod-liver oil, two and one-half to fifteen grammes; male fern and castor oil; santolin and castor oil.

Messrs. Parke, Davis & Co. were among the first to make this method popular, and will be pleased to afford physicians interested all desired information concerning this agreeable method of medication.

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**Over-Pressure in Children Causing Brain Mischief.**—By J. A. Diggle, L. S. A., London. The following cases show the inadvisability of attempting to force children forward in schools without sufficiently considering their different individual capacity for learning.

It is, I am afraid, much too common a cause of children's ailments nowadays, and has not been quite enough considered, I think, by parents and teachers. In the ordinary Board School as at present constituted, every child in each standard must be pushed on, *pari passu*, with all the others, so as to get all, if possible, passed at the examination next ensuing, into the standard above. In the first case here noted, the fault, *sons et origo mali*, was with the parents in sending such a young child to school at all, but as both parents were factory workers, and there was only a slightly older boy besides, the child went to school with him.

Both cases were very similar in the outset, but the first was the most severe, and in both I thought at first the illness was enteric

fever, the more so as being next door neighbors and residing on the banks of the river, which is very foul and much polluted, and on Sundays, when the water is low great banks of festering abominations are exposed.

CASE I.—Alf. C., a sharp and more than usually intelligent little boy of only four years and eight months, was seized on April 3d, at breakfast time, with sickness and pain in the head. He had been attending school for six months, and being naturally quick, as I have said, he had been encouraged to learn, and had already reached the final class in the Infant Department, and would have been put into the general school but for his age, which forbade it.

When I saw him at 11 a. m., he was in bed, slightly flushed, head very hot, and temperature 99.2°. Tongue rather foul. Complaints of pain in the head, and avoids light. No further vomiting since breakfast. Gave him a mixture of potass. citrat. and tinct. aconiti and calomel, gr. j., with sugar.

April 4th. Passed a bad night, rambling and talking about school. Tongue rather cleaner. Temperature, 99.4°. Milk diet. To continue mixture. Night temperature same as morning. Added k. br. gr. ij., ãã dose to medicine.

5th. Night passed much the same as last. Lies very quiet and still, but easily roused, and then quite conscious. Temperature 100.2°. Thirsty. Tongue furred, but moist. No pain in abdomen. Stool natural. Ordered antipyrin, grs. v., every three hours. Temperature at night, 100°. Been delirious all afternoon. Ordered ice-bladder to head.

6th. Rather better this morning. No diarrhoea. No spots on abdomen. Head, however, very hot, mother having taken off ice-bag at 4 a. m., as child slept. To be replaced. To have 5 mins. bromidia (Battle) every two hours. Temperature, 100.2°; night temperature, same.

7th. Much better. Fairly good night. Slept four hours; 12 midnight to 4 a. m. Playing with toys on bed when I saw him. Temperature, 99.2°. Tongue cleaner. To continue bromidia mixture.

8th. Not quite so well. Ice-bag again neglected to my vexation. To be continued, as also mixture.

9th. Much better. Sitting up playing. Temperature, 99°. Ice-bag discontinued. Same mixture.

10th. Improving fast. Not much appetite. Quin., gr. ½, t. d. s.

11th. Up and dressed. Still improving. No headache or pain. Temperature normal. With the exception of a slight cough all went on well until 14th, when I discontinued visiting. \* \* \*

The rapid improvement under the ice and bromidia treatment was very gratifying, and I have found bromidia especially useful in such cases, and a very reliable hypnotic whenever I have required to prescribe such a medicine.

1, Dane Street, Rochdale.—*The Hospital Gazette*.



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## Original Communications.

SYPHILITIC PLAQUES.\*—BY A. RAVOGLI, M. D., Cincinnati, O.

Mucous plaques, condyloma planum, humid papulæ, pustula foetida, etc., are without doubt the most characteristic eruption of syphilis. In every stage of syphilis, from the earliest to the latest, we find this kind of eruption, either alone or accompanying other syphilitic eruptions. I have always had objections to distinguishing chronologically the syphilitic symptoms in primary, secondary, tertiary, etc., which I found always the cause of wrong ideas in the mind of the student. The distinction of syphilis by Ricord into early and late correspondents to the ideas expressed by Virchow and finds a better explanation in the local pathological process. The early symptoms are characterized by the tendency to an inflammatory process, the late symptoms by a tendency to a hypertrophic process, infiltration and new growth.

All syphilitic eruption finds some likeness to other common eruptions of the skin. Syphilitic roseola has a resemblance to some exanthemata; papular eruption resembles common psoriasis, and this has caused some authors to call syphilitic eruptions, after Willan's nomenclature, lichen syphiliticum, acne syphiliticum, etc.

The mucous plaque is so peculiar that it is very difficult to refer it to any other eruption. And when we see it there is no doubt of the presence of syphilis. The mucous plaque is

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\*Read before the Mississippi Valley Medical Association, at Cincinnati, Oct. 12, 1892.

highly contagious, so that I think most of the cases of syphilis are communicated more frequently by this peculiar form than by the hard chancre. Other syphilitic eruptions, either dry or discharging, do not transmit syphilis in the ordinary way. The virus segregated by the mucous plaque when inoculated on a non-syphilitic person produces a hard chancre. In two instances of chancres of the mouth I saw the persons who gave the virus, and in both cases I found mucous plaques of the lips. I am therefore of the opinion that the mucous plaque on the same individual is reproduced as a mucous plaque, but on a non-syphilitic person it produces the hard chancre, the only initial form of syphilis.

In nearly every case of syphilis we see mucous plaques which sometimes appear in the earliest moments of the constitutional symptoms, or during the so-called secondary period; and, not infrequently, they appear in the late stage or tertiary period. The mucous plaque is found on the mucous membrane as well as on the skin, but its appearance is so peculiar that it cannot be confounded with any other syphilitic eruption.

The first appearance of the mucous plaque is in the form of a red spot, round or oval, of varying size, from a split pea to a quarter of a dollar or larger. It is sharply defined, with round edges and somewhat elevated. A scanty sero-purulent secretion is seen under the epidermis. When on the mucous membrane the epithelium is readily raised up, leaving an ulcerated surface, grayish white in color, oozing out a fluid serum. The appearance of the plaque is somewhat different on account of the affected anatomical region. It remains as an ulcerated vegetating surface on the mucous membrane and on the skin surrounding the anus, on the crurogenital fold, under the axilla, where the continuous perspiration of the region with the secretion of serum maintains humid the plaque and prevents the formation of crusts.

But when we see them on the face, for instance, the secretion getting dry, forms a kind of a crust which remains encased in the round edges of the plaque; when the plaques have this appearance they can be mistaken for an impetigo. In other places, where the epidermis is hard and resistant, as on the palm of the hand and sole of the foot, the serum can not ooze out and it is reabsorbed, producing desquamation of the epidermis.

The mucous plaque disappears slowly under the general treatment and more rapidly when locally treated, but never leaves any scar. Sometimes it may leave a pigmentation, which remains for some time, then it gradually disappears.

We do not believe that mucous plaques can be grouped with papules, and, in fact, the name of *papula humida*, as it was called by Bassereau, is not rightly appropriated when we know that a papule never discharges and is never covered with a crust.

The opinion that any papular eruption on account of the delicacy of the skin and of its maceration by the continuous perspiration is changed into a moist papula—a mucous patch—is not exactly correct. I must say that in my experience I have seen many cases of confluent papular syphilides without any mucous patch in the skin; and, on the contrary, I have seen eruptions of mucous patches on the skin of the labia majora, scrotum, anus, armpits, mammæ, etc., without any papular syphilide being present.

There is no doubt that in any elementary wound the syphilitic process shows its tendency to hypertrophy, but its course and termination differ greatly from the ordinary papular eruption. I can not consent to group the mucous plaques with the ordinary papules; therefore, I would rather maintain the opinion of Legendre and Bazin that the mucous patch is a peculiar and characteristic eruption of syphilis, which can not be grouped with any other ordinary form.

As above mentioned, the mucous patch affects the mucous membranes and the skin more often near the natural openings, a place where the skin is folded on its self and therefore exposed to be macerated by abundant perspiration. The epithelium covering the mucous plaque is readily lost, leaving an ulcerated surface with small vegetating granulations of a grayish, flesh-colored appearance. The plaque is soft to the touch, discharges a muco-serous fluid of an offensive and nauseous odor. This fluid is of such an irritant nature that it causes itching sensations in the patient on the surface of the plaques and on the surrounding skin. Syphilitic eruptions are scarcely accompanied with itching sensations, and we can say that the syphilitic plaque is the only eruption accompanied with pruritus.

The plaque sometimes may be covered with a diphtheritic

layer, giving to the patch a chalky appearance; at other times the granulations take a vegetating character and give to the plaque an uneven, warty aspect.

This vegetating condition is in some instances so accentuated as to produce an enormous growth of the affected parts. Around the anus, at the angles of the mouth, the plaque takes on the appearance of a rhagades (fissure), and only by distending the fold of the mucous membrane can it be seen as an ulcerated plaque. The presence of a plaque in these localities makes painful the performance of the different functions. The mucous plaques have their places of predilection, for they appear more frequently in one region than in another; the irritation of the skin and of the mucous membranes is very often the cause of the reappearance of the plaques. I have seen patients who, as long as they abstained from the use of tobacco, had no trouble with the plaques in the mouth; but, as soon as they began to smoke or chew they suffered with the plaques.

According to Bassereau, Davasse and Deville, mucous plaques would be found more frequently around the anus, on the large and small lips of the vulva than on the interior and superior region of the thighs, on the prepuce and on the glans or the furrow of the penis, on the scrotum and on the breast of the woman.

After the genito-anal region follow the openings of the nostrils, on the sulcus naso-labialis, at the angles of the lips, and on the tonsils, sometimes on the posterior wall of the pharynx. Plaques have been found on the cornea, on the mastoid region, in the axillæ, on the navel and between the fingers and toes.

So as to have an idea of the frequency of the syphilitic plaques from my own experience, I looked over the books of my private practice of the past six years. I found registered in all syphilitic patients, 216; 159 of these were men; 51 women; and 6 infants. It was my intention to see how often the plaques appear in the different stages of syphilis. For this purpose I separated the cases of early syphilis (secondary stage) from the late syphilis (tertiary stage). There were of early syphilis, 116; late syphilis, 94; and syphilis congenita, 6.

Mucous plaques in the early stages of syphilis were found among the 116 cases to amount to 103, whilst in the late stage

among the ninety-four patients were found twenty-four cases. This shows that the mucous plaques are found more frequently in the early than in the late stages of syphilis. The anatomical regions affected with preference by the plaques I can divide as follows:

In the secondary period: Lips, 38; anus, 11; tongue, 11; labia maj. et min., 12; mouth, 6; tonsils and palate, 5; scrotum, 5; thighs, internal fold, 4; preputium and glans, 3; larynx (vocal cords), 2; pharynx, 1; hand (interdigital), 1; foot (between toes), 2; under the breast, 1; axillæ, 1; face, 1.

In the tertiary period plaques appeared on the palate, 6; tongue, 5; nostrils, 5; concha auriculæ, 2; lips, 2; scrotum, 2; anus, 2.

In the six cases of syphilis congenita mucous plaques were found in only two cases, around the genitals and inguinal fold. Many authors maintain that woman is more frequently affected with the mucous plaques than man. In my little statistics I find that the sex has no influence in the production of the plaques, as in one hundred and sixty-three men I find that in the early stages fifty-nine had plaques and in the late stage eight. In women, fifty-one in all, in the early stage plaques were found in eighteen cases, and three in the late.

From the above account it is easy to note that mucous plaques are very frequent in the secondary stage of syphilis, while in the late period the appearance of mucous plaques is not so common. This is the reason why syphilis in the late stage, after the secondary period is over, is not so easily transmitted as in the early period, when plaques are liable to appear at any moment.

A very singular case of an early eruption of mucous patches appearing simultaneously on several regions of the body fell lately under my observation, and as the case is of some interest, I will take the liberty to refer to it in extenso.

CASE.—M. V., an Italian, thirty years old, medium sized man, with a strong physical constitution, dark complected, dark hair, had always good health. June 15, this year, he had connection with a woman. He had almost forgotten the occurrence, when on July 15, he found a sore on the balanopreputial sulcus, which in a few days got hard. He did not use any regular treatment with the exception of some powder given to him by a friend, which he used locally. I think it

was calomel. In about a month the ulcer had healed up, but the man was feeling badly and some little sores were noticed on the scalp. I asked him whether he saw red spots on the skin; he said he never noticed any, but it may be that the roseolar eruption was so slight as to pass unobserved.

In the beginning of September he noticed some elevations on his forehead, chin, neck and several parts of the body. This prompted him to consult a physician.

The man looked somewhat emaciated and anemic, showing that pallid aspect proper to the first stage of the constitutional symptoms of syphilis. The elevations on the forehead were thirteen or fourteen in number and were nothing more than mucous patches, as you can see from his photograph.



Fig. 10.—Mucous Plaques of the Face, Two Months after Infection.

You cannot refer this kind of eruption to any other elementary form of the syphilodermata, not being papules, pustules, nor tubercular in form. They consist of an elevation on the normal skin of warty appearance, of dark dirty hue, of different sizes, from a split-pea to a dime. Hard at its periphery, sharply defined at the edges, with some papillary appearance in the centre. Some others show small hard crusts encased among the papillæ and others are somewhat ulcerated. Another

crop of the same plaques to the number of five or six were found under the chin and neck. They were from the size of a dime to that of a quarter of a dollar.

Large mucous plaques were on his gluteal region, and two large ones nearly one-half dollar in size were found on the fold of the skin near the anal region. Other plaques are scattered on the scrotum and on the internal surface of the thighs, while many others were in the inguinal folds; and a few small plaques were also found on his lips. What is remarkable in this case is that the surface of his skin is perfectly clear; no roseolar eruption and no papular eruption can be detected. The cervical and inguinal glands are hard and enlarged and the throat scarcely shows any erythema.

I referred to this case as a proof of my assertion that the syphilitic plaque is not a regular papula and has nothing to do with the papular eruption. It may exist separate from any other syphilitic eruption, and it may be a roseolar, papular or pustular syphilitic eruption.

To illustrate the anatomo-pathological lesions of the mucous plaques I have set under the microscope a section of a mucous plaque taken from the skin of the patient to whose history I have briefly referred. The first thing that strikes the attention is a cellular infiltration of the corium around the papillæ and in their delicate stroma. The infiltration reaches the superficial layers of the subcutaneous cellular tissue. You see that the cells are round containing one nucleus of the same size as the lymph cells, which are observed in simple dermatitis, imbedded between the bundles of the connective fibres. The papillæ are enormously enlarged in length and in width. In the specimen under consideration you will see an enormous net of enlarged capillary blood-vessels, and in some which were cut transversely you can see that the adventitia is enormously enlarged by the enlargement of the connective corpuscles and by the cells of infiltration between the texture of the fibres.

The epidermis you can see is thickened, and the superficial layers are destroyed and the cells changed into detritus. The mucous plaques appear sometimes in an acute manner, but their course is usually chronic, like the other syphilitic eruptions.

When left without treatment they remain for months; but,

a rational application of remedies cuts short their course. The diphtheritic stage of the plaque, when the surface is covered with necrotic tissue, is the most obstinate. The healing of the plaque begins in the centre and then heals up the periphery, leaving a spot of copper red color which slowly disappears.

There is no necessity of saying that a general anti-syphilitic treatment is the most important point for curing the mucous plaque, but local well-directed applications are also required to relieve the patients and hasten the disappearance of this nasty eruption. The first thing to recommend is cleanliness and separation of the surfaces of the skin which come in contact.

Ricord recommended washing the plaques twice a day with a solution of chloride of sodium and then sprinkle their surface with calomel, interposing lint between the surfaces. In my experience I have found the application of emplastrum hydrargyri very beneficial, especially for the plaques around the vulva and the anus, with a tendency to hypertrophy. I used to have the plaques washed with a solution of carbolic acid and then covered the surface with the emplastrum spread on a piece of cloth, which must be changed twice a day.

Sometimes the plaques are so obstinate as to require the use of caustics. The nitric acid I have applied in the case of mucous plaques around the axillæ. In each case the warty, discharging surface is changed in a crust which after a few days is detached leaving a granulating surface which shortly heals up. A solution of acid nitrate of mercury is also very useful, and I have applied it with remarkable results in plaques of the lips, tongue, mouth, tonsils, and in the two cases of plaques on the vocal cords.

A solution of nitrate of silver from six to eight per cent is useful in ordinary cases of plaques of the lips, of the tongue, and of the anus. With a little tampon of cotton dipped in the solution I touch the plaques every other day, recommending the patient to wash his mouth every three or four hours with a solution of bichloride of sodium.

From what I have considered I would say in conclusion that the mucous plaque is a characteristic eruption of syphilis.

The mucous plaque usually appears in the early stages of the syphilitic infection.

The mucous plaque reappears in the late stage of syphilis but not so frequently.



The mucous plaque never appears at the gummous period of syphilis.

The mucous plaque is highly contagious and the most dangerous eruption for the transmission of syphilis.

Syphilis in the late stage is no longer communicable in the ordinary way on account of the subsidence of the mucous plaques.

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STRICTURE OF THE RECTUM AND ITS TREATMENT. By Dr. H. HAHN, St. Paul, Minn.

In treating of stricture of the rectum it is necessary; first, to refer to its locations and varieties, in order correctly to determine in which kind of structure we will by operative means secure a good result or complete cure, and in which we can only palliate or secure to the patient more comfort during the remainder of his existence.

We have first to differentiate between congenital and acquired strictures. As to the first, we can not call them strictures in the true acceptance of the term, but rather malformations, or defective development, and nearly always, either imperforate anus (malformation) or narrowing, or closure near the sigmoid flexure (imperfect development) exists. The latter are commonly of such a kind that we can not speak of treatment in the newly born, and the only means of preserving life is the establishment of an artificial anus.

All acquired strictures are caused by severe inflammation and ulceration, and, we may at once say, traumatism, venereal causes, malignant growth in the rectum, and inflammations of the mucuous membrane by dysentery and tuberculous deposits.

According to some authors we find the spasmodic stricture and the stricture from pressure from without; but we can not consider these as strictures in the true sense of the word, as narrowing, and strictures in these and in other channels are only such as are caused by organic changes in the mucous lining of the rectum, and the narrowing as well as the loss of expansion are characteristic of stricture. There are doubtless cases of so-called spasmodic stricture of the rectum on record, but in all these cases the lining of the rectum was perfectly

normal, and these could all better be designated by the name "neurotic," as the analogue of "vaginismus," and like the latter, which is caused by attempted coition, so are the first caused by hard fecal masses or hæmorrhoidal tumors. They disappear by removal of the causes of irritation and return with the return of the same. In the same way they disappear as soon as the patient is under ether narcosis.

Stricture by compression from without cannot be considered as strictures, as they have not the before-mentioned characteristic appearance, and are only due to carcinomatous or other tumors in the pelvic cavity, or to pelvic cellulitis. In stricture caused by tuberculous deposits we can advise only a palliative treatment, as such strictures are only caused, secondarily, by tuberculosis of other important organs, to which the patient must eventually succumb, and which might for this reason be considered as malignant.

Strictures caused by malignant growths can only be treated by total extirpation of the involved parts, and success depends upon the completeness of the removal.

Strictures caused by dysentery, however, are cicatricial in their nature, like those of venereal and traumatic origin, and are analogous to them in nature and treatment, and will be disposed of under their proper headings. The seat of narrowing is generally but one or two inches above the anus, seldom occurring near or at the sigmoid flexure.

The different varieties of stricture found are the annular (ring-like), restiform (cord-like) and the valvular. The annular variety is the most common of the cicatricial strictures, is very small and tight, being frequently only a quarter of an inch in length, but the narrowing is frequently so perfect that only a small sound can pass through and may occasionally lead to the complete occlusion of the passage. On the other hand, they often give the best result in operative procedure. The cord-like variety proliferates longitudinally along the lining of the rectum, either cord-like on one side only or along the whole circumference of the intestinal canal. They are generally the result of dysenteric ulcerations which have involved the wall of the intestinal canal longitudinally. They furthermore may be formed from annular strictures, and this formation may be explained in that the circumference of the internal canal above the stricture would be extended and filled with

hard faecal masses. These masses, together with intestinal tenesmus, cause a pressure against the lining and keep it in a state of constant irritation, so that an ulceration in the larger extension must occur and cause, or at least favor, the longitudinal increase of the stricture ; or the narrowing may be due to a proliferation of the submucous tissue above which the mucous membrane is catarrhally diseased ; or in rare cases, and mostly on the border of the narrowing, may occur an hypertrophy of the tubular glands.

Valvular strictures of the rectum are mostly congenital, sometimes systematic like venous valves, and may lead to a complete occlusion of the canal. The region of an acquired valvular stricture from a lower degree of cicatricial contraction could be explained in this way, that either only a part of the cicatricial induration is absorbed and the proliferation on the other side of the canal progresses (originally annular stricture), or the cicatricial induration or proliferation has its seat *a priori* only on one part or side of the wall of the rectum, and grows therefrom, not around its circumference, but, apron-like, into the lumen of the canal.

Speaking of the treatment of rectal strictures we find three methods in vogue: dilatation, incision and excision. We see, doubtless, in mild cases of stricture by dilatation, if it is done correctly and according to the requirements of the case, an improvement, or at least a cessation of the proliferation ; but a complete cure will occur but seldom, as this kind of treatment would have to be continued a long time without interruption to prevent a recurrence. On the other hand, we see a great number of cases under this treatment growing worse as time goes on, and frequently very disagreeable complications may set in, as severe ulcerations, perforations, proctitis and periproctitis. We feel very sorry to say there is still a great number of physicians who think the larger the size of bougie they can use the greater will be their success ; but not considering the almost unbearable pain they cause their victims, they will be soon compelled to stop their entire "treatment" and face complications where they can not consider the stricture any more, but have to use all their ability and knowledge together to combat a new disease, which is due only to their mal-treatment, and prevent an *exitus letalis*, not speaking of the suffering of the victim for weeks.

Worse than this kind of treatment with bougies is the treatment with the mechanical dilator, and it is astonishing to find this instrument still on the market, for it would be much more in place among the instruments of ancient torture. A dilation with such an instrument causes a pressure which can not be gauged or controlled, and the perforation of the rectum may not be an infrequent accident if above the stricture are deeply-seated ulcerations. If there are no deep-seated ulcerations before using this instrument, they surely will be established after such a trauma. When we must dilate, the first and last rule should be never to use any bougie which will not readily pass the stricture and be tolerated by the patient without pain. In strictures near the anus only short, soft rubber bougies, about five inches in length, should be used, as are mentioned and illustrated in the excellent work of Dr. Chas. R. Kelsey in his work on Diseases of the Rectum.

Incisions should be classified into internal and external incisions. These were first used by certain French surgeons and were called Internal and External Linear Proctotomy.

Internal posterior proctotomy is the division of the stricture by a cut in the posterior median line corresponding with the axis of the coccyx, provided, however, that the incision divide all the cicatricial strictures until healthy tissue is reached. The after-treatment is by gradual dilatation with bougies and resorption. For a long period this operation had many admirers and good results were often obtained by it, until all at once it was considered dangerous, as no drainage was established, and sepsis was formed by absorption of fæcal matter.

To have a free drainage and lessen the danger of sepsis they went to the *external posterior linear* proctotomy, whereby not only the stricture in said manner, but also the healthy tissue between the stricture and anus and the sphincters, were divided. It is in our opinion very difficult, if at all, to understand why this operation should give a greater safe-guard against the absorption of fæcal or decomposed matter, as the wound is much larger and deeper and the disinfection with antiseptic solutions must, and can just as well, be established if the internal incision only is made. But this latter operation has one great disadvantage which must be seriously considered, as the action of the sphincters may not be re-estab-

lished, and after the patient is cured of his stricture he may have acquired another affliction, which may at times be more inconvenient to him than the stricture had been. We have seen several patients who had after this operation lost entire control of their sphincters, and fæces as well as gases were passed involuntarily, so that they felt in spite of their being cured of their strictures by no means pleased with the result of the operation.

The operation of excision was practiced until the most recent times for malignant strictures only, and is in these cases not only justified, but is the only operation whereby we may get a comparatively good result. In latter times, however, it has been used by some operators in non-malignant strictures also, and was called a simple and safe operation; but some doubt about this opinion may be justified. The operation is performed by a deep external excision dividing the tissues and sphincters, detaching the lower part of the rectum by dissection, pulling it down and cutting it transversely one inch above the stricture and attaching it to the external wound with sutures. Some operators closed the external wound almost completely and stitched the resected end of the rectum carefully to the outer border of the wound, while others used only a few sutures and let the wound heal more by granulation. Where some operators by this operation may have secured a good result and were not afraid to remove the rectum as far as the sigmoid flexure, it is our opinion at least that this operation is so heroic that we would use it in non-malignant strictures as *ultima refugio* only, and would prefer it to colotomy.

After using all these operations in different cases, sometimes with good results, sometimes with disappointment, we took occasion in the last two years to submit certain cases of rectal strictures to another plan of treatment, which gave in all seven cases a complete result in spite of some disagreeable complications in three of said cases. These seven cases were composed of five annular, one of which was of a double stricture; one valvular; and one cord-like. Patients were kept for one week on fluid diet only and the rectum thoroughly evacuated daily with Hegar's apparatus. The day before operation the rectum was thoroughly disinfected by an injection of boro-salicylic acid solution, which was done for the last time just

before operation. After disinfection of the external parts and ether narcosis, the patient was placed in Sims' position, a blunt pointed bistoury was introduced, guided by the finger of the left hand, into the stricture, which was cut through posteriorly in the median line, but care was taken that the entire cicatricial tissue was divided and healthy tissue reached. As soon as this incision is made the rectum can be expanded so as to introduce one or two fingers without any force, and the sharp-pointed fixing forceps, bent to the right angle (similar to the ear-dressing forceps but larger in size), introduced. The edge of the left flap where the incision is made should be grasped with the forceps and slightly drawn back by an assistant; similar incisions are then made at the front and left side through the entire cicatricial tissue. A small Sims' speculum can now be introduced, and by pulling the posterior wall of the rectum backwards the fixing forceps can easily take hold on the right side, and this side has now to be divided as the other three. We find now the entire cicatricial tissue divided by a cross section into four parts. After arresting the hæmorrhage—never very great—the rectum must be thoroughly cleansed with boro-salicylic acid solution, and a short, soft rubber bougie of such calibre as will easily pass should be introduced and maintained in place by a cotton pad and T bandage for from four to six hours, as the condition of the patient may allow. After removing the bougie the rectum should again be thoroughly cleaned with the same solution. Care must be taken of the cleanliness of the bougies, which should always be kept in an antiseptic solution. It will be best now to keep the bowels constipated for three days, during which period the patient is kept on fluid diet, and afterwards the bowels moved by a mild laxative (*Pv. glycyrrhizæ comp.*), aided by an injection of olive oil. From now on care must be taken to secure daily a soft evacuation to prevent any irritation to the mucous lining of the rectum. From the second or third day after operation bougies should be applied during the night and the calibre of the bougies gradually increased; but great care should be taken that never a larger bougie, or for a longer time, should be applied than the patient alone must be the guide. Antiseptic injections should be given three times daily and immediately after each evacuation. From the third

week it will be sufficient to use the bougie three times a week, at which time a bougie of number eleven or twelve calibre will be passed and tolerated by the patient without discomfort. The patient may now be discharged from treatment but should be kept under observation for at least five or six months. During the second and third month after operation the patient himself should introduce a bougie of sufficient calibre three times a week; during the fourth month, twice, and during the fifth and sixth once a week during the night, and he should take care to keep the bowels opened daily by a mild laxative if necessary (Cascara Segrada or *Pv. Glycyrr. Co.*) to avoid any irritation by hard fecal matter. These proceedings need not be followed to the letter, but are only a guide as to after treatment, and such variation may be made as the individuality of each case may seem to require. After the patient has been kept under close observation for a period of six months or more and no symptoms of recontraction at the former seat of stricture is discovered, the case may be discharged as cured. Such has been the result in the seven before-mentioned cases in the past two years.

When we consider the advantages of the cross section we find two. In the internal posterior proctotomy we find the rectum widened only posteriorly at the seat of stricture, and on introduction of a bougie it will have an oval form; as the bougie is round we will necessarily have greater pressure and consequently irritation at certain points of the oval than at others, and it may be that as much harm is here done as is good done to the other parts; or to avoid this the bougie must be of such small calibre as to make its effect, if any, questionable. Just the opposite pertains in the adoption of the cross incision, as the internal calibre of the rectum at the stricture will give way equally on all sides, and by equal pressure at the circumference of the canal the stricture will accommodate itself to the bougie in all parts.

As far as the resorption of the cicatricial tissue is concerned, it will be much easier and quicker, as these incisions being deeply made, i. e., until healthy tissue is reached, the whole cicatrix is divided into four small sections, each having no connection with another. On the other hand, we will find after posterior linear incision only a long cord around the

circumference of the rectum, and it will surely be much more difficult and take a longer time for absorption.

Three cases out of the seven treated by this method have points of more than ordinary interest, as regards ætiology and complications, and so we ask permission to treat of them at greater length.

CASE I.—Mary N., prostitute, æt. twenty-three years, free from hereditary diseases, no acquired syphilis, always strong and healthy. Acquired blenorrhœa vaginæ one year previously and denies any pæderastic coition or attempt. Status præsens: Chronic blenorrhœa of the vagina for one year; secondary blenorrhœa of the rectum for eight months; excoriations and chronic inflammation around the anus, painful to the touch, copious, muco-purulent secretions, violent tenesmus, and all signs of a rectal stricture. On digital examination of the rectum we found about two inches above the anus a tight stricture through which a urethral bougie number twelve with difficulty was passed; no fistula.

Patient first received treatment for the blenorrhœa, consisting of hip baths of the decoction of cortex querci, vagina and rectum being at the same time expanded by wire specula and injections of permanganate of potassium in vagina and rectum. The rectal injections were made with a soft rubber catheter carried above the stricture. Diet was exclusively fluid and mild laxatives administered, sufficient to cause two or three evacuations daily. After five weeks' treatment all signs of blenorrhœa had ceased and the operation was performed. The stricture was of the annular variety—divided with cross incisions, disinfected, and followed by introduction of a soft rubber bougie number seven, and kept in place for the first few days four hours daily. After this the size of the bougie was increased and kept applied according to the rules laid down, and the patient was discharged four weeks after operation. During the second and third month bougie number twelve was applied twice a week, and during the fourth month only once a week, after which all local treatment was discontinued. Patient was advised to secure a mild action every day, which, if necessary, was to be promoted by laxatives, which, however, were seldom necessary. Patient was examined seven months after operation and found in perfect condition, no sign of recontraction existing.



CASE II.—Mrs. R. P., farmer's wife, act. thirty-six, four children with normal labors, always strong and healthy, with excellent family history. Was employed in the fields husking corn, where she met with a fall, striking in a sitting position against some corn stubble; one of these stubbles penetrated the clothing and entered the rectum. Under the severe pain she reached her house and went to bed; no physician was called, but kept under the care of some friendly neighbors and household medicines. After three weeks she was able to walk around and perform light housework, subjected to severe constipation and painful evacuation of the bowels; besides, she noticed a small suppurating wound near the rectum. The condition grew steadily worse, and three months after the accident she was compelled to seek medical advice.

*Status Præsens.*—Fissures in the right side of the rectum; on the left side a complete *fistula in ano*, with one blind duct (incomplete fistula); stricture of the rectum one inch and a half above the anus, anular in form, passed urethral bougie, No. 12. The first step in the treatment of this patient was forcible dilation of the sphincters, dividing the fistula and sphincters with a knife, splitting the incomplete fistula, which was scratched out with a scoop and packed with iodoform gauze. After three weeks fissures as well as *fistulæ in ano* were completely healed, and the next step was to operate on the rectal stricture. This operation would have been much easier had we operated at the time the sphincters were divided; but on the other hand there was a possibility that, after frequent introduction of the bougie, the fissures would have been kept in irritation and would not have healed, and the sphincters from the same cause would have relaxed and given no voluntary contraction after treatment was stopped. Stricture was divided in the four directions, rectum was washed out with boro-salicylic acid solution, bougie No. 8 introduced and treatment carried on in the above-mentioned manner. After five weeks patient was discharged but kept under observation for four months, during which time bougie No. 10 was introduced twice a week, and in the fifth month all treatment was discontinued. Nine months after operation patient was again examined and a complete cure found; she assured us of having no pain of any kind and bowels acted promptly without any artificial help.

**CASE III.**—Mrs. C., æt. twenty-seven, married; double stricture of the rectum with recto-vaginal fistula caused by syphilis.

Contracted syphilis four years previously from her first husband, had syphilitic ulcerations on the *labia majora, introitus vaginæ*, in the vagina, and abscesses in both inguinal regions. Completely cured of all syphilitic symptoms for three years and no relapse. Got married a second time after two years; was never pregnant; family history good.

Patient noticed first symptoms of stricture of the rectum three years ago, which was regarded as habitual constipation and treated with cathartics; grew worse slowly and steadily. Two years ago a Chicago physician was consulted, who diagnosed stricture of the rectum, ordered her to the hospital for treatment where she was kept for nearly twelve weeks. Treatment, consisted of forcible dilatation and afterwards with bougies. The treatment with bougies caused patient almost unbearable pain, but she tried very hard to stand it in order to be cured of her terrible trouble. After seven weeks' treatment a large abscess had formed in the rectum with copious suppuration and the treatment had to be discontinued. Patient left the hospital after the healing of the abscess which took nearly five weeks, in a very anæmic condition, but benefited of her stricture. After a few weeks patient grew stronger and felt quite well, but the action of her bowels was never perfectly normal; they inclined to move every morning, but in several sittings with more or less strain. It kept on for some months when the old remedy, cathartic pills, was again resorted to, till at the end of last year hardly any movement of the bowels could be obtained and patient failed fast in health and strength. We were called to see patient January 5, 1892, and the following condition found: Very anæmic, anxious expression of face, pulse small, thread-like, 120; temperature 101°; abdomen tympanitic, painful to touch, chiefly in the right lumbar region; no movement of the bowels for six days in spite of castor oil and cathartic pills. On examining the rectum we found a tense, hard stricture about an inch and a half above the anus, and urethral bougie No. 8 was with difficulty passed. After the bougie had passed the stricture it met to our surprise a new resistance, and after a short manipulation it overcame the same and passed into the free canal of the rectum.

At this time we considered the resistance to be hard fecal masses, but on operating we found ourselves mistaken in this opinion. Examination of the vagina showed a recto-vaginal fistula.

Through the introduced catheter and with Hegar's apparatus the rectum was filled with glycerine at different times and the evacuations resulted in the relief and increased comfort of the patient. After treatment for eight days, according to the requirements of the case, patient was in a condition to submit to an operation. The stricture was divided on the four sides as above pointed out, and after the tissues gave way we found, one inch above the divided stricture, a second one of the same annular variety, in size and shape the same as the first, and between the two strictures the recto-vaginal fistula was situated.

After dividing the second stricture in a similar way the rectum was washed out with a boro-salicylic acid solution, rectal bougie number seven was applied, and after the treatment, carried out as in the previous cases, but with special attention to a nourishing diet and medication to improve the general condition. After five weeks' treatment patient was in a very fair condition as regards general health, rectal bougie number twelve passed and retained without any discomfort; patient was discharged, but was kept five months under observation, during which time bougies were used once or twice a week, as in the other cases, after which treatment was discontinued.

In the month of August, seven months after the operation for the strictures, patient underwent operation for recto-vaginal fistula. The fistula was dissected out and united through the rectum to give a stronger support to the anterior wall of the rectum for the resistance to hard fecal masses and avoid irritation to the former seat of the stricture. This would not have been the case if the operation had been done through the vagina, and possibly a union of the posterior walls of the vagina alone would have resulted; this would have given a complete closure of the fistula but a rectocele might readily have formed, and with this a relapse of the stricture further down might have occurred. The sutures used were plated copper wire, which was preferred to silver wire on account of its greater softness. Sutures were kept in place for three

weeks, during which time soft evacuations were ensured. After removal of the sutures complete union of both walls was found. Patient was examined again on September 22d, and found in excellent condition.

In closing our paper we would ask for permission to make a few remarks with reference to case number three, as this one is a perfect illustration of our statement concerning the treatment of rectal strictures. After this patient was submitted, not to a forcible dilation only, but to a forcible application of bougies, to show a so-called visible result of the treatment, the consequences resulted in a stormy proctitis, to which the patient might easily have succumbed. After this complication had passed away a new one was added to the old trouble, as we hold that the second stricture had not existed before this operation and treatment was carried out, but was only the consequence of it. After this important trauma was made a severe inflammation set in, and this treatment was not only useless, but in spite of the bravery of the patient to the former syphilitic stricture a traumatic one was added.

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A CLINICAL DESCRIPTION OF DYSENTERY AS IT OCCURS IN NICARAGUA.\* BY JUDSON DALAND, M. D., Philadelphia.

Three varieties of dysentery are met with in Nicaragua, namely, the malarial, the endemic, and the epidemic, and of these the malarial is by far the most common. The prodromal symptoms of malarial dysentery are malaise, pain in the back, in the head, and in the umbilical region extending toward the pubes. In association with the diarrhoea these pains are highly characteristic of this form of dysentery. Mild cases are marked by very slight febrile and circulatory disturbances; whereas in the more severe cases we have a moderate elevation of temperature, varying between 102° and 104° F. The stools are at first composed almost entirely of pure mucus, are small in quantity, and are frequently attended by tenesmus; soon the mucus is streaked with blood. The pains are not usually severe during the act of defecation, but the pain in the head and back is excruciating. Liver complications are not infrequent, particularly acute hepatitis

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\* Read before the Philadelphia County Medical Society, Oct. 26, 1892.

or acute hepatic engorgement, each of which is frequently associated with jaundice. Hepatic abscess is a rare complication and is usually secondary to the ulceration of the colon. At times the spleen becomes greatly engorged.

Changes in the urine, indicative of kidney disease, probably exist, but chemical and microscopical examinations are rarely made from lack of proper instruments and reagents. Many of these cases of malarial dysentery are followed by intense anæmia and debility, lasting for several months.

When cases are seen early and promptly treated the prognosis is almost uniformly favorable, but when seen late they usually die. As post-mortem examinations are never permitted, no information exists regarding the morbid anatomy or pathology of this interesting disease. The amoeba coli, if searched for, would be found in many of these cases.

The treatment found most successful by Dr. Bermudez, of Managua, Nicaragua, is as follows: To an adult is given six grains of quinine morning and evening, in conjunction with—

R Ammonium chloride.....gr. v.  
 Pulv. ipecac.....gr. v.  
 M. Tr. opil.....gtt. x-xv.  
 Sig.: To be repeated every two hours.

The amount of laudanum is determined by the severity of the pain. When the pain is particularly severe and obstinate, morphine is superadded, and, in cases marked by debility, it is customary to substitute the carbonate for the chloride of ammonium in five-grain doses, every two hours, day and night.

In the way of food nothing is permitted except milk or milk and lime-water, to which sago may be added. The patient is allowed to drink freely of cool water, thus alleviating the intense thirst which is usually present. Ice-water is considered harmful.

The *second* variety, known as endemic dysentery, resembles the preceeding, but is very much milder, and is usually unattended by the fever or the severe pains in the head, back and extremities, or abdomen that characterize the malarial form. The stools are composed of feces mixed with mucus and blood; are less frequent, and the tormina and tenesmus are less severe.

The average duration of malarial dysentery is three weeks,

but occasionally it has been known to last two months, while very mild cases run their course in two weeks.

The treatment for this variety is the same as for the malarial, with the exception that the quinine is omitted. Almost all cases recover, and complications or sequelæ are uncommon.

The *third* variety recognized is called epidemic dysentery, which, as a rule, comes on suddenly, with pains in the head, back, throat, and extremities, accompanied with severe abdominal pains, shooting in character and centering at or about the umbilicus. Headache is particularly complained of; and not infrequently nausea and the vomiting of bile are associated. From the first the discharges are bloody, frequent, and there is intense pain and tenesmus. There may be as many as one hundred and fifty evacuations in the twenty-four hours, and an ordinary case may average twenty-four in the twenty-four hours, or one hourly, day and night. The temperature is high, ranging from 104° to 106° F., with a morning remission of two degrees, at which time there may be moderate perspiration. Severe cases die in less than seven days, and favorable cases may recover in from two to three weeks.

The discharges from the intestines continue bloody throughout the disease, but change in color becoming dark and sometimes black from decomposed blood-pigment, and frequently they are viscid and tenacious from admixture with mucus.

At times the patient becomes delirious, and occasionally coma supervenes. Children often develop twitching of the muscles, rolling of the eyes, and there is a tendency to bury the head in the pillow.

The complications usually noted are hepatitis, jaundice and abscess of the liver. Usually so soon as hepatic complications occur the patient dies; in other cases epidemic dysentery is complicated by croupous pneumonia with rusty sputum, and it usually affects the base of the right lung. Now and then severe internal hæmorrhages occur, and such an accident explains the cause of sudden death which has been occasionally observed. In this form of dysentery the anæmia and debility are more marked than in the malarial form, and is more persistent. Not infrequently the patient suffers from obstinate constipation, due to stricture resulting from the healing of large and deep ulcers in the colon.

These cases are best treated by the administration of from ten to twenty grains of quinine given three times daily, and in addition chloride of ammonium, five grains; pulverized ipecac, five grains; and tincture of opium, ten to fifteen drops, repeated every two hours. Frequently, however, there is so much gastric irritability that these remedies are not retained, and in such cases the quinine is continued, but the chloride of ammonium and ipecac mixture is omitted, and fifteen grains of bismuth or five grains of tannic acid repeated every two hours, is substituted. When opium is indicated it is invariably administered in the form of the tincture, in doses of five to fifteen drops, repeated every two or three hours, according to the severity of the case. At times nitrate of silver, in doses of one-sixth or one-eighth of a grain in pill form, is given every three hours. If the astringents mentioned prove of no avail, recourse is had to the acetate of lead, in doses of two or three grains every three hours. Most cases require stimulants, and experience has shown that alcohol in the form of brandy or whisky is *inadvisable*, and that the best results are secured from the use of sherry, port or any of the red or white wines, associated with the carbonate of ammonium, in ten-grain doses, repeated every three hours.

The food is restricted to milk and lime-water, sago and farina. Not infrequently Dr. Bermudez has seen as many as one hundred cases in two months with the mortality of but two per cent and his father would probably see as many as two hundred cases in the same length of time.

Dysentery is one of the most common diseases of Nicaragua, and typical examples of the disease may be seen any day in the year. Most cases of malarial dysentery are observed during December, January and February, while the epidemic variety occurs more frequently during the months of March, April and May. Of course, endemic dysentery is always present, and, as would be naturally expected, is equally prevalent at all seasons. The malarial form prevails chiefly in low, marshy districts, during the hot months. It is well to remember that the dry season, which corresponds to our summer, begins in November and ends in April, the remaining months constituting the Nicaraguan winter, or wet season. The average maximum temperature in the dry season is from

95 to 98 degrees. There is a difference of at least ten degrees between the temperature of the day and that of the evening.

The contagiousness of epidemic dysentery is fully recognized, and all ordinary precautions are taken to prevent the spread of the disease. Isolation, the free use of carbolic acid, the burial of all discharges, especially fecal and urinary; the burning of the linen soiled by the discharges; and in cases where the patient is too poor to submit to the destruction of clothing by burning they are disinfected by boiling water.

In all of these cases no researches have been made regarding the presence of the *amœba coli*.

Nicaragua has excited much interest of late, particularly in view of the probability that in the near future the Nicaraguan canal will become a reality, which will bring it into intimate relations with the entire world. I have, therefore, ventured to record these observations regarding a disease which prevails constantly, and at times becomes contagious.

My thanks are due to my friend and student, Dr. Salvador Bermudez, and to his father, who has practiced in Nicaragua for more than thirty-five years, for the description of dysentery as it appears in Nicaragua, and for the treatment which has given them the best results. The enormous experience of the physicians of Nicaragua has heretofore never been made known to the medical profession, in so much as they have no medical magazine to which they could report their observations; and, moreover, at no time has it been their custom to carefully note the cases under their care, so that this report is of particular value, and is, perhaps, the first of the kind published in the English language. It is especially worthy of note that the greatest confidence is placed in the use of the chloride of ammonium, and this is their uniform practice. I would, therefore, suggest that it be employed in the United States, especially in the Southern States, where the climate more nearly resembles that of Nicaragua.

**Proposed Higher Medical Degree in France.**—The French Minister of Public Instruction has, it is stated, submitted to the Council of the Faculties of the Universities of France a proposal for the establishment of a medical degree superior to the ordinary M. D., carrying with it the style and title of "Docteur ès Sciences Médicales" (Doctor of Medical Science).



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#### THE PAN-AMERICAN MEDICAL CONGRESS.

In a few short months one of the most important medical conventions, so far as the United States is concerned, will be held in the City of Washington. It will be a reunion of the medical men of the Western Hemisphere, and the results of their combined labors will be fruitful in their influence upon our country. It will not only be an exposition of the labors and methods of those concerned in the practice and study of the art of medicine and its allied branches, but it will, at the same time, have much influence upon the commercial relations of the various countries represented. The latter has ever been kept in mind in the organization of the Congress, as well as those matters pertaining to medical pedagogics. It is on account of the far-reaching influence which this meeting will exert upon the advancement of commercial interests that the Committee on Organization has thought well of asking our Government to do its share in the matter.

There are many advantages which will accrue from the meeting of the physicians of the Western Hemisphere, and our Government has so far appreciated this fact that a formal invitation has been sent to all the American States to send official representatives to the Pan-American Congress. The United States has thus pledged itself to the forthcoming Congress, and very properly. At this meeting there will be

held a conference for the adoption of international quarantine laws which will be of mutual benefit to all the countries interested. As the system is now carried on it is a positive detriment to all and a change for the better cannot be inaugurated too soon.

Another effect which this Congress will have will be to bring the various Americas into closer commercial relations, and the balance of trade, which should naturally be ours, will be diverted from the unnatural European channels into which it has been flowing. This influence is one which has been keenly felt in this country and it is one of the indirect purposes of the forthcoming meeting to acquaint our Hispano-American friends with the fact that the United States is not only friendly in its purposes and aims, but that it is as ready and more capable than Europe of entering into commercial relations with them. So far as the purely medical portion of the Congress is concerned it will certainly be of mutual advantage and will establish much closer relationships between the physicians of the countries represented than have heretofore existed.

No congress can be successfully held without money. There are expenses of multitudinous character which must be defrayed, and it is unjust to expect a few individuals to shoulder them. As the City of Washington will not donate a sum of money for the entertainment of the guests who will assemble on that occasion, it has been deemed but right and proper that the Government should assume this, and for this purpose it has been asked to make an appropriation of \$50,000, which is little enough when we consider the immense advantages which will accrue to the country at large from this meeting. To obtain this sum, however, it is absolutely necessary to obtain the influence and votes of our Representatives in Congress, and this part of the work devolves upon the profession at large. Let every physician speak to his Congressman and explain to him the advantages which will accrue from the meeting, not to the physicians alone, but to the whole nation, and we are certain that there is not one who will refuse his aid, no matter what his politics may be. The proposed measure is one intended for the general weal and as such it should certainly receive encouragement from Representatives and Senators alike.

The question may be asked: Why do not the physicians defray this expense? Simply because they are expected to defray the other expenses and these are large enough. The intention of the Executive Committee of the Congress is to remit fees in the case of foreign delegates and, in addition, to present each one with a copy of the Transactions, gratis. To do this certainly requires money, and this is to be derived from the membership fee of each physician of this country who attends the Congress. Whether he attend or not his name will be enrolled in the membership and he will receive a copy of the Transactions if he pays his fee of ten dollars.

We would urge all American physicians to forward their fees immediately, for several reasons. The Executive Committee has already been to heavy expense to issue the Preliminary Announcement, which is a very valuable document, containing all the information which any one could desire concerning the Pan-American Congress. Stationery, postage, etc., have to be provided for and this must be paid. An advantage to members themselves in paying immediately will be that when they arrive in Washington they will be spared much trouble and annoyance so far as registration and the various details connected with enrollment are concerned. We could go on multiplying the reasons showing the advantages of forwarding the membership fee in advance, but we are certain that we have said enough to convince all of our readers of the propriety of doing this and would urge them to act upon it immediately and send the money to the treasurer, Dr. A. M. Owen, Evansville, Ind.

One word more in regard to the organization of the various sections. This work has been diligently carried on, and considering that there will be twenty-one sections, the magnitude and extent of the work which will be done can be but faintly conceived. The whole workings of the Congress have been very judiciously systematized, and that it will be a grand success there is no reason whatever to doubt. It will equal in brilliancy any International Congress of Medicine which has been held so far, for there are many able men, comparatively unknown, who will exhibit their capabilities for the first time, lack of opportunity having heretofore held them back.

In conclusion, we ask the profession of this country to do its duty in this matter. It is not much to ask for in each in-

dividual case, yet the combined efforts of all will certainly have a telling effect when the results are summed up. We know that all are willing to respond, but we desire to see them act, and we expect that they will do so promptly.

#### EDITORIAL NOTES.

WELL SPOKEN are the following words from an editorial which recently appeared in our worthy contemporary, the *Medical News*:

Warning its readers, the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, with an apparent over-modesty and caution, says of the bribe offered to itself (and a splendid one it was, of course, financially) that "it does not need money as badly as that, yet," but that the *Maryland Medical Journal* and the *Medical Brief* did consent to sell "their manhood and respectability (*sic!*) for the mess of pottage." We are in the same boat, good neighbor, and we are moreover glad to know that we row with the same *sculls!*

We may add that since our editorial appeared the list of venal journals has been swelled by the addition of the *Medical Summary*, the *Annals of Surgery*, and the *Pacific Record of Medicine and Surgery*.

"SCHOOLS" vs. "HOSPITALS" is the educational question in England at the present day. A contemporary says that at the opening of the medical session of St. Vincent's Hospital, Dublin, the lecturer, Dr. McHugh, propounded the suggestion of the advisability of instituting systematic courses of instruction in the wards of hospitals to replace in great measure that which is still carried on in the old scholastic style. He urged also upon all students not to defer acquaintance with clinical work until they had perfected themselves in anatomy and physiology, but maintained that clinical instruction should go on *pari passu* with scientific studies, the growth of which was tending to draw students away from the source of their purely professional knowledge. We fear rather that the latter suggestion would not work well in practice, but we cordially sympathize with Dr. McHugh's desire to make clinical teaching more thorough and systematic. Dr. Myles, who proposed a vote of thanks to the lecturer, feared that the proposal to transfer the teaching of medicine and surgery from school to

hospital would not be acceptable, since it would tend to lower the general average of teaching power now concentrated in the few selected for their special qualifications as teachers. Mr. Tobin, however, who seconded the motion, contrasted the advantages of bedside instruction with that given in the lecture theatre.

NEEDLES IN AN EPILEPTIC are commented upon as follows by the *Lancet*: In the newly issued volume of the Clinical Society's Transactions Dr. Charlton Bastian has recorded a case in which at various times no less than eighty-six needles were removed from different parts of the left side of the body of a female epileptic. The patient was under the care of Mr. James Merryweather, and from him and Dr. Oxley Wilson Dr. Bastian had received the particulars of the case. The patient was a spinster of fifty-five who had been subject to fits from an early age and had on two different occasions been an inmate of an asylum. She is now described as fairly intelligent with occasional fits of bad temper but no morbid appetites, and her conduct in the workhouse of which she is an inmate is described as good on the whole. The fits are frequent, usually several in a day, but no automatism has ever been observed to follow them. She usually employed herself in sewing, darning or knitting, and before needles were found in her body she often had packets of assorted needles in her possession. The needles have appeared in almost every part of the left side of the body, more especially in the leg. One has been expelled from the mouth during a fit of coughing; so far as is known none have ever passed per rectum. As has been said, eighty-six in all have been found, and of these no less than thirty-four were removed during a period of two months. The patient does not seem to have been hemi-anæsthetic, and she complained of nothing except a little irritation when a needle was about to emerge. No abscess has even occurred, and no satisfactory explanation is forthcoming as to how the needles got there. As Dr. Bastian remarks, it is surprising that such a number of large needles could have been pushed in and should have made their way through different parts without injuring any vessels or nerves, or apparently causing much inconvenience. In a note appended to the communication reference is made to a case subsequently recorded by Dr. J. D. Craig of a woman, an inmate of an asylum, from whose

body two hundred and eighty-six needles were taken during life. Three were passed per rectum during sickness and eleven were taken from the tissues after death.

A NOSOLOGICAL MEMORIA TECHNICA is what the *British Medical Journal* dubs a recent proposition. It goes on to say : General Paoli compared Goldsmith to the sea *qui jette des perles sans s'en apercevoir*. This delicate compliment may with equal truth be applied to Mr. Jonathan Hutchinson, who rarely delivers an address or makes even a casual speech without, as it were, throwing among his audience pearls of thought or suggestion which he draws from the inexhaustable stores of his own "gained knowledge" and experience. Among these gems of ray serene there are occasionally, as is inevitable, some which, though valuable, are yet not altogether of the first water. In this category we must place the proposal, contained in the admirable address which we publish to-day, of labelling new diseases with the name not of the discoverer, but of the person who has the misfortune to have been selected by Nature as the *anima vilis* for the exercise of her skill in the production of pathological "sports." As Mr. Hutchinson is careful to vindicate his priority in relation to this suggestion, we may take it that he makes it "half in jest and whole in earnest," to use an expressive Scotticism. As we have already hinted, the proposal does not strike us as one of the happiest efforts of Mr. Hutchinson's scientific imagination. The naming of diseases after their supposed discoverers is already a source of confusion to the earnest student, and if he has further to burden his memory with a new set of godfathers of an altogether different kind—if "Penmann's prurigo" or "Nogg's noma" is to be added to Un Tel's paralysis and Snook's sclerosis—special professors of nomenclature will be required, and a sixth year will have to be added to the medical curriculum. Again, squabbles as to priority are sure to arise, and it would hardly tend to edification to see a great profession rent asunder over the conflicting claims of Sam Brown or Jemima Jones to be considered the real and original patentee of some triumph of pathological invention. There are other objections to which we need only refer. "Mrs. Brandford's legs" need cause no scandal, but disease has no sense of propriety, and there are parts of the human form divine whose infirmities the owner—especially

if a lady—might not care to have made “a fixed figure for the scorn of time” in the way proposed by Mr. Hutchinson. Apart altogether from such possible complications, however, it is obvious that patients would be likely to find the notoriety thus thrust upon them as inconvenient as Mr. Toole, when he has “only a’our to his dinner,” finds his tendency of the birthplace of the immortal Podgers. “To be preached to death by wild curates” would, no doubt, be a distressing fate, but we are not sure that it would not be better than being hunted by eager pathologists for tags of skin, scrapings of sores, or whatever other specimens of their neighbors’ anatomy they may covet. The fact insisted on by Mr. Hutchinson that the names he uses are “pseudo-names” will only make confusion worse confounded by adding the perplexities arising from a particularly mysterious *memoria technica* to the other difficulties which we have ventured to point out. In the days when the artistic arrangement of a voluminous neck-cloth was the symbol of social salvation, Beau Brummel’s valet was met one morning coming from his master’s dressing-room with an armful of rumpled scarves, “These,” he explained, “are our failures.” Mr. Hutchinson is as much a prince among surgeons as Brummel was among dandies, but we fear that his latest proposal as to the nomenclature of diseases must be accounted one of his “failures.”

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**Eleventh International Medical Congress.**—This Congress will be held in Rome, September 24th to October 1st, 1893, as our readers are aware. The American Sub-Committee has the following membership: W. T. Briggs, Nashville, Tenn.; H. P. Bowditch, Boston, Mass.; S. C. Busey, Washington, D. C.; C. Cushing, San Francisco, Cal.; N. S. Davis, Chicago, Ill.; A. Jacobi, New York, Chairman; Norman W. Kingsley, D.D.S., New York; Wm. Osler, Baltimore, Md.; Wm. Pepper, Philadelphia, Pa.; F. Peyre Porcher, Charleston, S. C.; Charles A. L. Reed, Cincinnati, O.; D. B. St. John, Roosa, New York; Aléx. J. C. Skene, Brooklyn, N. Y., and James Stewart, Montreal, Can.

The Secretary-General informs the Committee that the French Railway Company has offered to the members of the Congress a reduction of fifty per cent on its fare.

## Microscopy.

### Spermatogenesis in Mammals and in Man.\*

This idea, at first somewhat neglected, has since made great headway. Biologists and histologists have rallied to it from all directions—Renson, Swain, Masquelin,—even Von Ebner, himself the creator of the spermatoblast idea, in a recent work abandons the latter and regards it as an artificial product. One could scarcely demand better evidence against the reality of the existence of the spermatoblast.

Meanwhile, the relations between the sustenance cell and the spermatides, which, soldered or glued thereto, constitute the spermatoblast, are explained in various manners by different authors. Merkel sees in it simply a running together or aggregation of tenacious intercellular matter, coagulated by the reagents used in preparation. Others, like Grünhagen and, after a fashion, Benda, believe that the sustenance cell contributes to the nutrition of the spermatozooids. Renson thinks that the sustenance cell grows or increases at the maturity of the spermatozooids, and thrusts the latter into the lumen of the semeniferous canals. Finally, Benda regards the union of the spermatides and the sustenance cell as a sort of copulation. This last is the reassertion of an idea first put forth by Balbiani, who, in writing of the Plagiostomes, describes a sexual conjugation occurring between the different testicular cellules.

However it may be, the spermatoblast is no longer regarded as a definite cellular element, and is acknowledged to be a composite element, formed by the fortuitous or obligatory union of several spermatides and one sustenance cell.

It is now necessary to return to the sustenance cell and to seek to learn its true nature. Students confront the question in various manners. To some it is an indifferent or passive cellule in spermatogenesis, whose functions are limited to mechanically sustaining the other elements, or possibly to nourishing them, but it plays no active part in the production

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\* From the French of L. Vialleton. Continued from the November JOURNAL.



of the spermatozoid. It may be compared to the cellules of the follicle which surrounds and protects the ovule (Merkel, von Ebner, etc.) Other authors have gone much further and have demanded for the sustenance cellule the recognition due a true cell. Mihalcowicz was the first who regarded the ramified body of the cellule as a product of coagulation on a substance interposed between the elements of the semeniferous canals, bringing to the support of his position, with a good deal of force, the fact that we find spermatoblasts without a nucleus, such as is represented at *f* in the diagram. This is

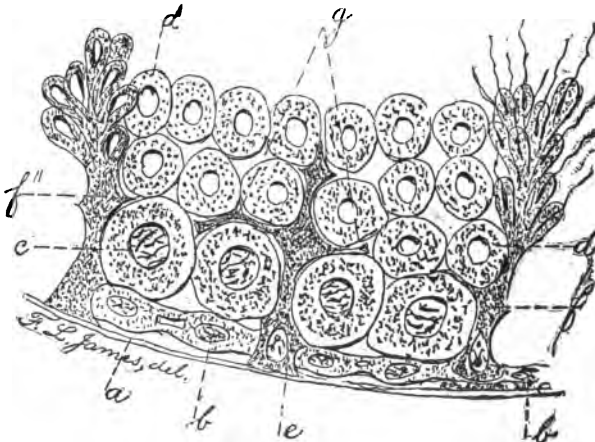


Fig. 11. Schematic section showing the testicular cells, Fixed Cells, and Spermatoblasts; *a*, connective tissue; *b*, spermatogons; *c*, spermatocytes; *d*, spermatides; *e*, sustenance cells; *f*, spermatoblasts; *g*, laminae of *c*.

an argument very strongly in favor of the claim that the element is an artificial product of coagulation.

According to this idea there are, then, no true "sustenance cells," but that which has been regarded as such is a coagulated substance englobing in its mass a nucleus whose origin is still to be traced. On this latter point, still, there are differences of opinion. Biond  and Brissaud regard the nucleus as that of a cell that has failed to undergo the transformations which end in the spermatozoid. Prenant, in his first work on the subject, regards it as the nucleus in repose, destined to give rise, later, to new cellular generations. In a more recent work, while still maintaining the functional value, he believes that this nucleus or nucleated cell is the representative of

those primordial ovules which we meet at the very beginning of the formation of the genital gland.

We can, in fact, sum up the discussion of the nature of the sustenance cellule in these two opinions:

1°. The sustenance cellule has a real existence; it is a passive element in spermatogenesis, or a sort of follicular element.

2°. The sustenance has no real existence; the figures which represent it are the product of coagulation. The nucleus attached to it is either the nucleus of a non-transformed testicular cellule (Biondi), or it is a nucleus destined to give birth, under certain circumstances, to cells capable of becoming, through transformation, spermatozoids (Prenant).

This latter being the case, we can say that all the elements contained in the semeniferous canals are capable at a given moment of producing spermatozoids—this is the theory of the unity of composition of the male gland. On the other hand, if we admit the passive sustenance cells as true elements, there is a demand for the admission of a duality of composition.

Really these theoretic discussions import very little, if we but reflect on the grand progress in our real and actual knowledge on this subject, which, however complicated a few years ago, we may thus sum up to-day.

1°. Spermatogenesis is reduced to a cellular multiplication by karyokinesis, accompanied by three principal form changes, viz.: *spermatogonies*, cells situate within the parietes of the semeniferous tubes; *spermatocytes*, or daughter cells; *spermatides*, derived from the latter by multiple bipartition.

2°. Spermatides collect in groups and take up their position in the narrow spaces between the files of cells less advanced in development, or those in the condition of spermatocytes and young spermatides.

3°. Within these spaces or rifts there accumulates a tenacious intercellular matter which unites the spermatides to the sustenance cells (if we accept the existence of these cells; if not, we may admit that the intercellular matter unites the group of spermatides and a nucleus of neighboring cell of the parietes of the seminal tube). However it be, the "spermatoblast" described by von Ebner in 1871 is no longer regarded as a true autonomic cellular element, but either as a group

of spermatides attached to a sustenance cell (v. Ebner), or as a group of spermatides and a little pillar-shaped mass of a coagulated substance enclosing a nucleus.

4°. Spermatides reunited by groups pursue their transformation into spermatozoids, in which form they fall into the lumen of the semeniferous canal. F. L. J.

[Concluded in the January Journal.]

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### Dermatology and Genito-Urinary Diseases.

**Ichthyol in Diseases of the Skin.**—Dr. Lorenzo, of Naples, (*Raccoglitore Medico*), has tried ichthyol in various affections of the skin, with the following results. He has found it an excellent remedy in certain erythematous processes with exudation, intertrigo, subacute eczema, etc. Its anæsthetic and drying effects are remarkable. In cracked nipple it has a rapid analgesic and curative action. Treatment with ichthyol lasts from a few days to some weeks, and generally the good effect is permanent. The author has given ichthyol internally in the form of pills (5 to 10 centigrammes), and externally diluted with glycerine, or in an ointment of which lanolin, or better still glycerine, is the basis in the strength of 10 g. in 100.

**Gonorrhœa and Heart Disease.**—His (*Berlin klin. Woch.*) records two cases of cardiac disease the result of gonorrhœa. In neither case had there been any previous history of rheumatism, or any ground for considering the cardiac affection rheumatic. The first was one in which there was no joint affection at any period of its course. Septic thrombosis of the prostatic veins and pubic plexus resulted from a gonorrhœa, and the next manifestation of the septic process was affection of the aortic valves. This was at first latent, but after intense emotion and a severe chill it assumed the characters of an ulcerative endocarditis. Later the condition became pyæmic, with septic emboli in internal organs, multiple hæmorrhages in these and under serous surfaces, and interstitial inflammation of the heart muscle, which resulted in cardiac failure and death. The second case differed from the first in having joint affection which the author considered

of septic origin, and in not having thrombosis of the prostatic veins. This latter point of difference is, however, supposed to be possibly due to the condition having been overlooked by the doctor who conducted the necropsy at the patient's house.

**Rhinoscleroma.**—Colombini (*Rif. Med.*) describes a case of rhinoscleroma which well illustrates the inefficacy of a great variety of methods of treatment. The patient underwent an antisyphilitic course, the application of an iodine ointment, local application of a sublimate ointment, treatment with Koch's tuberculin, and even partial removal of the infiltration, followed by thorough scraping; but none of these methods of treatment was of the least use in preventing the extension of the disease, which at length threatened to invade the larynx. It was at this stage that the author decided to perform tracheotomy. After the operation the patient experienced great relief from the most pressing troubles of his disease, and as his general health was good he was able to follow his usual avocations. He returns from time to time for removal of further portions. The author concludes with some remarks on the various measures that have been from time to time adopted in the treatment of rhinoscleroma—such as parenchymatous injections of antiseptics, caustics applied locally, scraping, and extirpation as complete and thorough as possible. From an analysis of the published result he thinks that no method offers such good chances of cure as that last mentioned, combined, perhaps, with the local use of antiseptics.

**Tuberculosis of the Bladder.**—J. Bell (*Journ. of Cutan. and Gen. Urin. Dis.*) reports three cases of tuberculous disease of the bladder which had been treated by suprapubic cystotomy and the application of Paquelin's cauterity to the ulcerated surface. The first case was that of a man, aged twenty-six, who on admission was greatly emaciated, in constant pain, passing water every half-hour or less; micturition was followed by tenesmus and the evacuation of a few drops of blood. The urine was neutral in reaction and contained much muco-pus. On passing the sound the bladder was small and bled freely. There were no other signs of tuberculous disease. Palliative measures proved of no avail, and on February 4, 1890, the bladder was opened above the pubes. A fringe of irregular superficial ulceration surrounded the

urethral orifice and bled freely. The ulcers were limited to the mucous membrane, and no induration surrounded them. Each ulcer was cauterized with Paquelin's thermo-cautery, and the bladder flushed out with a solution of salicylic acid and a large drainage tube placed in the wound. The urine soon became clear, the tube was removed thirty-six days after the operation, and the wound had completely closed up three weeks later. The urine was then acid and free from pus or albumen, and could be held for one hour. Three months after the operation he was in general good health, free from pain and irritation in the neighborhood of the bladder, greatly increased in weight, and able to hold his urine two hours in the daytime and rather more at night. After leaving the hospital the patient was lost sight of. The second patient was a man, aged thirty-three, who had had bladder symptoms for three years. When admitted, micturition was very frequent (every half-hour), constant pain in the neck of the bladder, and the urine was acid, containing much muco-pus with many tubercle bacilli; the left testicle and epididymis were also the seat of tuberculous disease. This was treated as above, when a similar local state of affairs was found. The ulcers were scraped with a Volkmann's spoon and then cauterized. The tube was removed three weeks after the operation, and five weeks afterwards the patient went home, a small fistula remaining. This was in October, 1890. In February, 1892, the testicle was removed. After the first operation the bladder symptoms disappeared, and the man remained well up to April 21, 1892, —when last seen—with the exception of a little incontinence of urine. In the third case, in addition to symptoms of tubercle of the bladder, the left testicle was affected. On opening the bladder, many ulcers were seen, which were cauterized; but some tubercles which were not ulcerated were left alone. Afterwards he was treated with tuberculin; the testicle was removed by operation. The immediate effects of the operation on the bladder were discouraging, but ultimately he very much improved and resumed his occupation as a carpenter.

O-D.

### Excerpts from Russian and Polish Literature.

**Quinine in Asiatic Cholera.**—In the *Vratch*, No. 39, 1892, p. 993, Dr. A. O. Iashvili Kamarlue, recommends the treatment of cholera by quinine in the form of Hegar's high enemata which may be conveniently administered by means of an Es-marchian can with an ordinary nozzle. Each enema (for an adult) should be made of twenty grains of hydrochlorate of quinine, five teaspoonfuls of dilute hydrochloric acid, and from ten to twelve tumblerfuls of luke-warm boiled water. The injection may be repeated thrice daily.

[Quite recently Dr. Niedzwiecki eulogized subcutaneous injections of quinine in cholera. See the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, October, 1892, p. 250. Dr. Ivan T. Andrzejewski of Ufa (*Vratch*, No. 38, 1892, p. 970), writes that quinine gives excellent results especially in such cases which come under treatment "in the very beginning of the serous stage of cholera." The late Professor S. P. Botkin, of St. Petersburg (*vide the Epitome of Current Medical Literature*, October 1, 1892, p. 56), successfully used quinine (from two to five grains internally, every morning) as a prophylactic against cholera, and treated the disease by the following mixture, which is now sold in Russia under the name "*Botkinsktya Kholernyia Kapli* (Botkin's anti-choleraic drops)."

℞ Liq. anodynī Hoffmannī,  
 Tincturæ quiniæ compositæ, Ph. Ross. .... ana ʒ j  
 Quinini hydrochlorici ..... ʒ j  
 Acidi hydrochlorici diluti ..... ʒ jss  
 Olei menthæ piperitæ ..... gtt. x  
 Tincturæ opii simplicis, Ph. Ross. .... ʒ j  
 M. D. S. From twenty to thirty drops every two hours.

*Tinctura Quinix Compositæ* or *Elixir Roborans Whytl*  
*Ph. Ross.* is made of three parts of gray cinchona bark, one gentian root, one flavedo corticis aurantii, sixteen of a ninety per cent alcohol and eight cinnamon water. Each ten drops of Russian simple tincture of opium contains one grain of the latter. In the *Vratch*, No. 35, 1892, p. 891, Dr. Czeslaw Mostowicz, of Gorī highly recommends the prophylactic effects of the following "*Khinnaia vodka* (cinchona aqua vit.)"

introduced by Dr. Erast S. Andreievsky during an epidemic of cholera in 1847:

Q. uinini sulphurici.....	3 ss.
Tincturæ nucis vomicæ.....	3 vi.
Spiritus vini (43 %).....	fl. lb. viiss.
Olei carni.....	gtt. xlv.
Olei citri.....	gtt. liv.
Tincturæ trifolii.....	q. v.

(For coloring purposes only.)

M. D. S. A liquor glassful (about one ounce) as long as the epidemic lasts.

On the other hand, Dr. M. A. Greuenberg, of Pavlovka (*ibid.*, No. 37, 1892, p. 943), declared that in his hands neither internal nor hypodermic administration of quinine did produce any good whatever in cholera cases.—*Register.*]

**Creolin in Cholera.**—In the *Meditzinskaia Beseda*, No. 18, 1892, p. 443, Dr. Nikolai P. Daniloff, of Teheran in Persia, describes an Asiatic cholera epidemic which broke out during the last summer at Fergendeh, a village (near the Persian capital) of 738 inhabitants (119 Europeans, 619 natives—*i. e.* Persians and Armenians), thirty-two (eight Europeans and twenty-four natives) fell ill, of them fourteen (six Europeans, eight natives) died, of the thirty-two cases of cholera, twenty-one were treated by "Pearson's creolin," while in the remaining eleven no creolin was given; of the former group only four (nineteen per cent) died, while of the latter as many as ten (ninety-one per cent) succumbed to the disease. The author has arrived at the following conclusions:

1°. "Pearson's creolin," when administered in the dose of seventy or eighty drops in the initial period of Asiatic cholera, considerably decreases the intensity of an attack, and promotes a favorable issue of the latter—provided, stimulating means are subsequently administered.

2°. All cases of cholera (vomiting with diarrhœa) are cut short by the use of "Pearson's creolin" in the said doses, followed by the administration of tannin or such like astringent remedies.

3°. "Pearson's creolin" should be given in either gelatine capsules, or in the shape of pills made of flour and enveloped in a piece of cigarette paper. Either pills or capsules should be always prepared *extempore*. When given in solution the

remedy is apt to be speedily rejected by vomiting (in consequence of its disagreeable taste and odor).

4°. The treatment of cholera by narcotics exercises an absolutely harmful influence on the course and issue of the disease.

[According to the *St. Petersburger Herald*, August 6, 1892, "Pearson's creolin" is identical with "Jeyes' creolin" or "Jeyes' fluid," which is "the best preventive against cholera," as we are obligingly informed by such high and utterly impartial scientific authority as the "Jeyes' Sanitary Compounds Company," who naturally must comprehend the complicated matter best of all mortals. Another unusually competent, complacent and complimentary judge of the sanitary marvels seems to be constituted by the *Journal de St. Petersburg*, the organ of Russian Ministry of Foreign Affairs, which has recently published two special papers eulogizing the patented "Pearson-Jeyes' or Jeyes'-Pearson's creolin" as a weapon against the cholera. Of course, we are not prepared either to deny or to affirm that creolin offers one of "most valuable" anti-choleraic remedies whose name is legion and more. Still, we would respectfully advise Dr. Danilooff to look sharp, since the burning question on "creolin in cholera" unmistakably includes, amongst other ingredients, such interesting "compounds" as courageous commercial puffing and booming, brave attempts at catching the highly pleasant opportunity for benefiting mankind in general, certain persons in special and in particular, in a fruitful cholera season, etc. The author should always keep in mind that a physician, when emphatically recommending a patented secret compound, always unconsciously (or otherwise, as the case may be) plays the humiliating part of a tout with regard to the patentee's job. At all events—quite apart from this consideration—Dr. Danilooff has not succeeded in making his case in favor of "Pearson's creolin," for his statistical calculations have no scientific value whatever, the number of his cases being too trifling to justify any definite, absolute or comparative conclusions, generally, and statistical operations should be carried out with some caution and self-restraint; otherwise, they would prove nothing—except, perhaps, the correctness of Forget's well-known dictum, according to which "*la statistique est une bonne fille qui se livre au premier venu.*"—Reporter.



**Affections of Conjunctiva Due to Iodine.**—In the *Gazeta Lekarska*, No. 42, 1892, p. 897, Dr. Z. Kramsztyk, of Warsaw, writes that he happened to come across a score of cases in which a more or less prolonged internal use of iodide of potassium caused a circumscribed inflammation of the bulbar conjunctiva, the affected area looking red and tumefied. In one case described in detail the lesion formed a rather large nodule resembling a phlyctena. The process seems to be usually localized in the deeper strata of the conjunctiva, or in the subconjunctival tissue. After discontinuing the remedy the affection rapidly disappeared without any treatment whatever. In one of the author's patients—in a lady who was treated by iodide of potassium on three distinct occasions—each course was followed by the development of scleritis with œdematous swelling of the eyelid, which manifestations invariably subsided in a couple of days after stopping the administration. Dr. Kramsztyk draws attention that: 1°. Iodine is apt to give rise exactly to such forms of ocular disease which are commonly treated by insufflations of calomel into the conjunctival sac. 2°. The local employment of calomel in such subjects who are taking iodide internally is usually followed by ulcerative inflammation of the conjunctiva along the inferior intermediary fold. 3°. Hence, in every case of ocular disease in which a local use of calomel is deemed to be indicated the practitioner should previously make an inquiry to the effect whether the patient is taking iodine preparations or not.

[The precaution is thoroughly indicated in non-ocular practice as well. The incompatibility of mercury, used locally, and iodine, given internally, is well illustrated by two instructive cases published by Drs. Kanasugi and Ashida in the *Sei-i-Kwai Medical Journal*, January, 1892, p. 7. The former Japanese practitioner communicates a case of acute laryngitis induced by insufflation of calomel into the larynx in a syphilitic patient who was taking iodide of potassium at the time. Dr. Ashida observed acute dermatitis in a child of seven months with chronic eczema which was treated by a local application of unguentum hydrargyri album, and an internal administration of syrup of iodide of iron.—*Reporter*.]

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## Medical Progress.

### THERAPEUTIC NOTES.

**Tropacocaine.**—Tropacocaine has been isolated by M. Giesel from Japanese coca (*Nat. Drug.*). This body is identical with tropacocaine (benzoyl-pseudotropeine) obtained by Liebermann synthetically. The hydrochlorate of Liebermann's synthetic alkaloid is a powerful local analgesic, much less toxic than cocaine. Its anæsthetic action is manifested more quickly, and its solutions are more stable than those of cocaine. On the contrary, its anæsthesia passes off more rapidly than that of cocaine.—

**Cosmetic to Produce the Growth of the Hair.**—The *Seifenfabrikant* gives the following curious formula :

R Venetian oil soap, pulverized.....	30 parts.
Ash of leather.....	30 parts.
Rock salt.....	30 parts.
Ammonium hydrochlorate.....	5 parts.
Bitter cucumber.....	5 parts.
Argols.....	20 parts.
Rice meal.....	30 parts.
Catechu.....	5 parts.

Rub all these substances together, and when homogenous add sufficient pomade base to make a pomade, and place on the water-bath. Melt together, and stir until mixed. Remove from bath, and stir till it begins to harden. To use, smear on strips of flannel and apply to the head, or smear inside a tight-fitting night-cap, and wear during the night. Wash the head in the morning.

**Two Cases of Tetanus treated Successfully by Antipyrin.**—Cavina and Venturoli (*Rif. Med.*) record two cases in which the administration of antipyrin in large doses seems to have contributed largely to the ultimate recovery of the patients. It is true that chloral was given at the same time, but the authors do not judge that drug to have been the essential part of the treatment, for the spasms were only modified as long as the antipyrin was taken and recurred when chloral alone was given. This is by no means the first case recorded

in which antipyrin has been reported as successful in tetanus, and it may well be that, even if it be not actually curative, it does good by enabling the patient to live through what would otherwise be the fatal course of the disease, while the toxin is being eliminated by the ordinary channels.

**Nerium Oleander.**—After giving a historical and botanical sketch of this new cardiac tonic, V. Oefele (*Aerzt. Rundschau*) records his clinical investigations with its various preparations. From its use in 73 cases of cardiac disease he concludes, among other things, that the leaves, cortex, and fruit have a therapeutic action which places the drug in the digitalis group; that alcohol dissolves out certain constituents which act as irritants to the alimentary tract; that the most suitable preparation is a concentrated infusion to which alcohol and glycerine may be added, thus converting it into a stable infusion tincture; and that the effect of the remedy is prompt and lasting. The pulse becomes slower, more regular and more powerful. Diuresis with increase of the solid urinary constituents is brought about and the stools are more abundant. The palpitation, œdema, and dyspnoea of valvular disease disappear. The diuresis is more marked than with any other member of the digitalis group. Oleander, like convallaria, differs from adonis in increasing peristalsis. It has no such action on the vessels as strophanthus, and may thus be given in atheroma. It differs from carpainum hydrochlorate, which has only a momentary action, and which is to be recommended for subcutaneous injection. Oleander is indicated, both in the young and old, in cardiac and renal diseases, with their concomitants, such as irregular and feeble pulse, palpitation, œdema, and dyspnoea. It may be used also in diseases of the myocardium and in atheroma. It is contraindicated if diarrhoea or vomiting be present. A small daily dose is from 0.05 g. to 0.5 g. of the raw drug.

**Constipation.**—The following appears in an exchange:

R Aloin.....	gr. ʒ.
Ext. bellad.....	gr. ʒ.
Ext. nux vomica.....	gr. ʒ.
Papoid.....	gr. iss.

M. ft. pill No. 1. (Use no water to form mass.) (Keep in air tight vials.)

Dose: One pill once or twice a day.

**Cinchonamine.**—Charrin, giving his experience of the above drug (*Soc. de Biologie*), declares it to be an alkaloid more soluble than quinine, but closely allied thereto. In animals it causes convulsions and fall of temperature. This fall of temperature is most marked in animals whose temperature has been raised either by injections of microbes or of soluble poisons. The drug may be useful in some diseases, and particularly in certain forms of malaria. Its antiseptic power is but slight.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Acardiacus Amorphus with a Heart.**—Julius Heller (*Virchow's Archiv*) describes at great length an alleged case of this rare monstrosity. The mother was seventeen years old, and a primipara. She was delivered of a healthy child, and to the placenta was attached the acardiac, which looked like a lump of fat. It was of the variety amorphus, as there was no trace of limbs and no properly developed thorax or abdomen. As usual, there was a trace of a hairy scalp; in the interior was a piece of bone. There were no intestines, but evidence of a little liver-tissue, and a sac-like cavity represented, in Heller's opinion, the pharynx, œsophagus, and stomach, but there was no mouth. He feels almost certain that a small piece of fatty tissue, of about the size of a pea, represented the heart. It lay against the rudimentary œsophagus, and connected to it was a bundle made up of blood vessels. It contains several cavities. Heller admits that actual proof of the nature of this fatty body is impossible. Ahlfeld, he observes, records fourteen cases where a rudimentary heart was found in an acardiacus; but in the variety amorphus this phenomenon is least probable.

**Boils and Puerperal Fever.**—Le Clerc (*Nouv. Arch. d'Obstét. et de Gynéc.*) reported the following case at a recent meeting of the Medical Society of Rouen. A young primipara, on the fifth day after normal labor at term, had a severe rigor, and then felt quite well. On the seventh day it recurred with hypogastric pains, whilst septic diarrhœa came on and lasted for three days. On the twelfth day a third rigor occurred and the hypogastric pains appeared once more for twenty-four hours. These phenomena recurred on the sixteenth day. The last attack, more severe than the preceding,

occurred on the nineteenth day. The trouble was traced to the nurse, who had a boil on her forearm. As antiseptic measures, local and general, were freely taken, the septic infection proved relatively mild. The lochia were never foetid, nor the pelvic viscera tender. Le Clerc also described a case where a young woman who had three furunculi on her left forearm when delivered suffered from puerperal fever. He concluded that there is a furuncular form of puerperal septicæmia which may be heterogenous, like in the first case, or autogenous, as in the second; hence, the obstetrician must carefully see to the surroundings of the lying-in woman, not forgetting the body of the patient herself, so that all sources of sepsis may be detected in time to avert danger.

**Nervous Tissue as a Culture Medium for Microbes.**—G. Vassale (*Riv. Sper. di Freniatria*) finds that many pathogenic microbes will grow excellently on portions of the spinal cords of animals which have been carefully sterilized and put into test tubes. In this way he studied the *S. pyogen.*, *S. erysip.*, and *B. anthracis*. The results of inoculating the living brains of guinea-pigs with tubercle bacilli is very interesting. All the animals thus treated died, but on being examined they showed no local tubercle, very numerous bacilli being found free in the fluids of the ventricles, etc. Tubercle bacilli can, therefore, multiply well in the nervous system.

#### DISEASES OF WOMEN AND CHILDREN.

**Milk Fistula in Pregnancy.**—Cholmogoroff (*Centralbl. f. Gynäk.*) notes that although neglected abscesses usually leave troublesome fistulæ, the free and continuous discharge of milk through one of these fistulæ is rare. The complication is especially serious, as a milk fistula is hard to cure, and often discharges milk in such abundance as to weaken the patient. As a rule, when the patient becomes pregnant the discharge of milk diminishes or ceases. Cholmogoroff, however, relates a case in which the contrary occurred. The patient, aged twenty-four, was delivered of her fourth child on November 15, 1891. A mammary abscess formed; she feared the doctors, and let it break off itself. Fistulæ formed and fresh abscesses developed; the secretion of milk ceased. On February 6, 1892, milk was found to flow from two fistulous tracts. She had been for about two months under careful medical treatment

Cholmogoroff found that she was about six weeks pregnant. Fresh abscesses formed and more milk was discharged from the old tracts. By the middle of March the fistulæ were closed, and the pregnancy was advancing favorably. The fistulæ were most successfully treated by the introduction of crystals of hydrate of chloral. The process caused a smart burning sensation. One fistula closed after three and two others after five daily applications.

**True Fœtal Skeleton in Dermoid Cyst.**—Répin (*Annales de Gynéc. et d' Obstét*) recently exhibited, before the Paris Anatomical Society, a pair of dermoid ovarian cysts. From the inner side of one cyst sprang a small tuberos mass, covered with skin and hair, and containing irregular masses of bone and cartilage. A very much larger mass was found in the interior of the cyst of the opposite ovary. It contained a rudimentary skeleton. The extremities, though much deformed, were very distinct; the phalanges and tarsal bones of the right foot and the corresponding bones of the right hand could easily be counted. The cranium was a shapeless mass, including teeth and one salivary gland. The great sciatic nerves alone represented the nervous system. No viscera could be found in the skeleton, but a coil of intestine lay outside it. Répin believes that all dermoid ovarian cysts represent rough draughts of embryos. This condition is not due to fœtal inclusion. One yolk twins are the origin of inclusion, the allantois of the future parasite penetrating the abdominal cavity of the future autosite or host, and contracting vascular adhesions with the autosite's intestines. The parasite is an acardiac monster, and is always attached to intestine. Dermoid cysts (often bilateral) cannot be explained by inclusion. Répin believes in parthenogenesis. Segmentation of a virgin ovum is seen in birds, mammals, and even women. (Morel).

**Spasmodic Movements of the Head in Infants.**—Petersen (*Med. News*) reports five cases of rotatory spasm of the head in infants. He proposes the term "gyrospasm" for the condition, but does not seem to suggest that its etiology is different from that of other spasmodic movements, such as nodding, also observed in infants. In one case only was there any associated nystagmus, and in this the movement was confined to one eye. In another case there was convergent

strabismus. The gyrospasm was first noticed in one case at three months of age, in one at four months, in one at five months, in one at seven months, and in one at eight months. Taken together, therefore, the cases do not support Henoch's view that dentition is a cause. Petersen suggests that in most of the cases cerebral concussion will be found to be the determining factor, and observes that in adults concussion, if severe, may give rise to a rapid though temporary nystagmus. The prognosis, he believes, is good, but recovery may be hastened by the administration of bromide of potassium, in doses of from one and one-half to three grains thrice daily.

#### SURGERY.

Cæsarean Section for Mollities.—A. Solowij, of Presburg (*Centralbl. f. Gynäk.*) operated not long ago on a married woman, aged twenty-six. She had twice borne very small children. Since June, 1891, severe pains in the sacrum and thighs set in. The period was last seen on August 18, 1891; the pains increased; by December she could hardly walk. On February 10, 1892, she was thoroughly examined; there was a large foetus in the uterus. The pelvis was already so contracted by mollities that craniotomy or abdominal section would be certainly required at term. The disease in the bones was progressing, and hence Fehling's operation—removal of the appendages for the cure of mollities—was indicated. On June 9th, at 2:30 A. M., pains set in, the head presented, the foetal heart sounds were clearly audible. At 7 the os was well dilated, and the membranes had broken. At 8 A. M., the abdomen was opened, the uterus drawn forwards, and the abdominal wound held together with forceps. The uterus was then laid open, the placenta presented and was removed, the child, a female, being speedily delivered. The membranes were peeled off, the uterus manually compressed by an assistant, and then ten deep and twenty-five superficial silk sutures were applied to the uterine wound. The uterus was "as hard as a rock." Lastly, both appendages were cut away; the ovaries were very small. By the tenth day the pains in the bones had almost disappeared. On July 31st a small abscess, which had formed in the lower third of the abdominal wound, opened and discharged. It was then discovered that there was adhesion between the abdominal cicatrix and the uterus

inferiorly. The child died of intestinal catarrh, from bad nursing. As mollities is evidently cured, or at least greatly relieved by oöphorectomy, Solowij considers that it should always be performed in the course of a Cæsarean section where the patient is the subject of that disease.

**Retroperitoneal Lipomata.**—Retroperitoneal lipomata, according to Terrier and Guillemain (*Rev. de Chir.*) commence in the cellular tissue lying between the peritoneum and the posterior abdominal wall. In two cases described by them the tumor started in the cellular tissue on the right side of the vertebral column, probably in the iliac fossa. These tumors grow slowly, and may, as they increase, remain behind the peritoneum, pushing before them the intestines which lie on their anterior surface, or they may insinuate themselves between the two layers of the mesentery, and thus give rise to one variety of tumor of the mesentery. In their advanced stages they form adhesions to the neighboring organs. Histologically they may be pure lipomata, or in some cases myxo-lipomata, or in others sarcomatous myxo-lipomata. The clinical appearances of this affection are far from being characteristic, and in many cases their nature is not discovered until an operation is performed or a necropsy made. They have been diagnosed as cysts of the ovary, tumors of the kidney, and as extrauterine foetations. The character of the swelling may be made evident by aspiration. If a canula is inserted in the case of ovarian or mesenteric cysts, fluid will be evacuated; in the case of sarcomata, a few drops of blood will at once flow; whilst in lipomata nothing will be evacuated unless the canula is left in and moved about, when a very small amount of blood will flow out. The authors diagnosed one of their cases in this way. These tumors may attain a very large size, and then, owing to their weight and to the pressure which they set up upon the blood and lymphatic vessels of the intestines, they give rise to diarrhoea and progressive cachexia, leading to death. If the tumors are smaller and they are not actively increasing in size, the prognosis is better. Owing to the size of the tumors and their extensive adhesions to neighbouring structures, their removal is a matter of considerable difficulty and danger. Eleven cases have been submitted to complete extirpation, and out of these only four recovered.



### Book Reviews.

**A Manual of Medical Jurisprudence and Toxicology.** By HENRY C. CHAPMAN, M. D. 12 mo. pp. 237. With thirty-six Illustrations, some of which are in colors. [Philadelphia: W. B. Saunders. 1892.]

In this work no attempt has been made at the completeness attained by the larger works on this subject. It is a manual for the use of physicians alone, so that the purely legal aspects of the subject are not entered into with that detail which we find in the large manuals. The effort of the author has been rather to present the medical side of medical jurisprudence and toxicology, and in this he has very well succeeded. The salient points are clearly defined and ascertained facts are laid down with a clearness that is unequivocal. As a guide for him who does not care to go into the minutiae of the subject, or who has no occasion to do so, it can be recommended as reliable.

The illustrations are sufficiently numerous to be of real help and some of them are quite elaborate and well executed. This is particularly the case in regard to embryology.

That part devoted to toxicology is quite full and replete with information regarding this most difficult subject. The entire work is one which should be possessed by every physician not only on account of its intrinsic merits, but as a good introductory to the large and more elaborate works on medical jurisprudence. An advantage it possesses is its value for quick and ready reference, when much time cannot be devoted to the reading of more extended treatises.

**Materia Medica, Pharmacology and Therapeutics.** By W. HALE WHITE, M. D., F. R. C. P. Edited by REYNOLD W. WILCOX, M. A., M. D., LL.D. 12mo., pp. 607. [Philadelphia: P. Blakiston, Son & Co., 1892. Price, \$3.00.]

If there is any work more useful for daily reference than one dealing with materia medica and therapeutics, we have not yet succeeded in finding it. The daily life of a practicing physician is devoted to the prescribing of such remedies as he deems indicated in the condition which he observes, and no

matter how well stored his mind may be nor how great his experience, he will be compelled to refer to and consult such a work as the one before us, unless his method be a purely routine one. Under such circumstances, a work which is compact, reliable and of easy reference is the one which will be used. A busy man has not the time nor opportunities of wading through tomes, nor of following the accounts of long, laborious and intricate experiments. What he desires are facts, and this is just what we find in the book before us.

The editor, who is well known to our readers through his contributions, has done his work very well. He has adapted the English original to the U. S. Pharmacopœia and has, in addition, carefully examined the text to rectify any small flaws which might exist. In addition to this he has added an appendix wherein the newer remedies receive consideration; and, we must confess that he has enhanced the value of the work to a most marked degree. Pharmacology is very fully considered, a subject usually not sufficiently dwelt upon. We are also pleased to see that the art of prescription writing receives more than the usual perfunctory notice. Taken all in all, the work is one which we can heartily recommend to those in need of such an one, and we must confess that there are very few who are not.

**A Manual of Obstetrics.** By A. F. A. KING, A. M., M. D. 12 mo., pp. 450. With One Hundred and Fifty Illustrations. Fifth Edition. [Philadelphia: Lea Brothers & Co., 1892.

The first edition of this little work was issued ten years ago and it has taken a hold upon popular favor such as few books of this sort do. We know of its popularity from the experience we have had in its rapid sales among physicians and students. It seems to be just the handy reference book they want and they will not do without it. We are also acquainted with teachers of obstetrics who are particular to recommend this manual to their students, and such advice based upon personal experience is certainly the best encomium that could be made.

In the present edition the author has thoroughly revised his work and has added some illustrations to further render his book useful to his readers. Whilst he does not pretend to

enter into the minutiae of his subject with that completeness which we find in larger works, he is sufficiently full and explicit to satisfy any one not looking for rarities or for the most exhaustive treatise on the subject. Instrumental labor is particularly well exemplified and explained by Dr. King, and many of the terrors felt for these manipulations will disappear in the minds of the uninitiated if they but carefully read and digest his directions in reference to them. In the appendix are given the conclusions of the committee appointed at the International Medical Congress of 1887 in reference to a universal system of nomenclature in obstetrics.

We can heartily commend this work to all of our readers as well as to students who desire to acquire a practical knowledge of obstetrics.

**Tuberculosis of Bones and Joints.** By N. SENN, M. D., Ph. D. 8vo. pp. 504. [Philadelphia and London: The F. A. Davis Co. 1892. Price, \$4.00 net.

The name of Senn is known wherever surgery is practiced, the original investigations of this author having spread his renown far and wide. His works on surgical pathology, and on the principles and practice of surgery have satisfactorily demonstrated his ability in his chosen field. The work before us had been foreshadowed some time since when various monographs dealing with tuberculosis of the joints and of bones appeared. In the volume before us we are presented with the results of the experiments and practical experiences, not only of the author, but of others who have had abundant opportunities in the same line of investigation. As a natural result it forms a whole which is of the utmost value as well in a theoretical point of view as from a practical one.

Beginning with the history of tubercular bone and joint affections, which forms a fascinating chapter, the author enters into a review of the proofs which establish the tubercular nature of so-called strumous disease of bones and joints. The bacillus tuberculosis, the histology of tubercle and its histogenesis are quite fully considered in that complete and thorough manner which has ever characterized Senn in his treatment of pathological subjects. He renders everything so clear and is so comprehensive without being diffuse or prolix that he gives added zest to whatever he undertakes. These

chapters can certainly be read with profit even by those familiar with the theme that is taken up.

After these introductory chapters the subject-matter proper is taken up in a general way at first and in a more particular manner afterwards. Each joint is separately considered as well as every bone which is attacked by the tubercular process. The symptoms are described in a clear-cut manner, the pathological processes are well outlined, and the proper methods of procedure in treatment, surgical and otherwise, are presented in no uncertain terms. The tuberculin treatment is unhesitatingly condemned and the reasons therefor are given in a manner which carries conviction with it. We hardly think that after what is said of it and of the reasons for not using it that any surgeon would care to adopt the method.

To render his text clearer and more comprehensible the author has wisely introduced a number of plates and wood-engravings—seven of the former and 107 of the latter. These prove a great help, as they do in all such cases, and can be studied with profit by the reader. No surgeon can do without this work if he hopes to be at all progressive. We do not think that any surgeon will do without it; but general practitioners would also do well to procure a copy, as they will find by its aid that many conditions which have heretofore puzzled them, will become clearly defined and the proper treatment indicated, thus enabling them in some cases to avert a life-long trouble and in others of restoring apparently hopeless cases to comparative ease and usefulness.

**A Manual of Medical Jurisprudence.** By ALFRED SWAINE TAYLOR, M. D., F. R. S. Revised and Edited by THOMAS STEVENSON, M. D. Eleventh American, edited with Citations and Additions from the Twelfth English Edition. By CLARK BELL, Esq. 8vo. pp. 790. [Philadelphia: Lea Brothers & Co. 1892. Price: Leather, \$5.50; cloth, \$4.50.

“Good wine needs no bush” is a trite saying, but it is particularly applicable to the work before us, which has become a classic. It is the authority which has been adopted in all English-speaking courts of justice, and this fact is due solely to the circumstance that it is a perfectly reliable guide both in the matter of medical and of legal authority. The

last English edition has been much enriched by the additions of Dr. Stevenson, a very acute and accurate editor. The American editor, however, not only added a mass of citations of the greatest value to the legal fraternity, but he has sought, so far as is compatible in a work of this character, to adapt it to the American methods of legal procedure which differ somewhat from those current in Great Britain. Having devoted considerable attention to medical jurisprudence Mr. Clark Bell was peculiarly fitted for this task, and he further availed himself of the advice not only of eminent medical men, but of the suggestions made by legal friends.

All of these circumstances have combined in such a manner as to permit the publishers to present us with a work which in our opinion is without a peer in the English language so far as medical jurisprudence is concerned, and did more of our physicians and surgeons consult its pages they would find much in them that would prove profitable to them, and keep them out of many embarrassing circumstances. It is especially to those physicians acting in the capacity of coroner that this work is of special utility and value. As so many of the medical profession fill this office, we would suggest a study of this work to them; for, it is a deplorable fact that the majority of those holding the position alluded to have never consulted the pages of this work which we would regard as an invaluable aid to them in the discharge of their duties.

To the legal profession it is of the greatest value, more especially for the purpose of cross-examination and the preparation of briefs. One of the strong points of the book is the numerous citations which abound throughout and which none but a lawyer, perhaps, can appreciate to their fullest extent.

We are pleased to welcome this latest edition, as it was beginning to be demanded, especially in the light of recent advances in all departments of medicine and in view of the fact that, since the last edition, many important judicial decisions have been handed down by the greatest authorities on the bench. The Lea's certainly deserve the thanks of all those interested in the subject for the thorough manner in which they have done their part of the work, and we have no hesitation in predicting a large sale of this edition of Taylor's Medical Jurisprudence.

### Literary Notes.

Medical Communications of the Massachusetts Medical Society still retain their high order of merit. We have received No. III of Vol. XV for 1892 and are presented with the Annual Discourse and a number of high-class papers of the greatest value contributed by some of the most capable members of the profession of Massachusetts. These transactions are certainly a credit to the society issuing them, as they are gotten up in very good form and issued periodically, so that, with proper binding, they form handsome volumes, in every way worthy of preservation.

Histology, Pathology and Bacteriology is the title of a recent number of the Students' Quiz Series issued by Lea Brothers & Co., of Philadelphia. This little manual of 165 pages is a most excellent one which deals fully with the subject, and yet it is condensed in such a manner as not to occupy much space, and is lucid and clear. The author, Dr. Bennett S. Beach, has been a lecturer upon these subjects for quite some time and is *au courant* with the requirements of both students and practitioners. Whilst many of these little manuals are more or less perfunctory in character we find that in the present one the author has kept up with the times and has succeeded in presenting a really remarkable amount of information within the compass of a comparatively few pages. The student who carefully studies this manual and then refreshes this study by answering the questions as they occur will find himself well provided with a store of positive knowledge of a most useful character to enable him to pursue still further these most fascinating subjects. We are highly pleased with this number of the series and can recommend it as being fully worth the price asked for it—\$1.00.

The United States Pharmacopœia, which will be published in 1893, adopts in great measure the Metric system of weights and measures. This will doubtless create some confusion in the minds of some physicians and druggists, and lead to misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. George M. Gould, author of the "New Medical Dictionary," has prepared a very com-

plete table of the officinal and unofficinal drugs, with doses in both the English and Metrical systems. This table is to be published in P. Blakiston, Son & Co.'s Physician's Visiting List for 1893, together with a short description of the metrical system.

It is darkly rumored that St. Louis is to have still another medical journal. It is said that the journal is to be published every week, and that much attention is to be given in its columns to mental and nervous diseases. The name of the bantling is not yet decided upon, but we suggest to the projectors to call it the "Weakly Neurotic."

Acne and Alopecia are important on account of their great frequency. Dr. L. Duncan Bulkley, who is well known in connection with dermatology, has presented us with a clear, concise and practical *résumé* of his experience in these diseases. He includes acne rosacea and alopecia areata in this booklet. It is just such a manual as will prove of benefit to those who desire more information on the subject than is usually found in the ordinary works on dermatology and yet do not desire to go into the subject exhaustively. The author has had a very large experience in these diseases and his advice and counsel is valuable for this reason. The methods of treating and managing cases are also excellent and easy of application. A copious index has been added for the purpose of ready reference. This brochure is one of the best of the Physician's Leisure Library issued this year by George S. Davis, of Detroit. We would certainly advise all who take any interest at all in the recognition and proper treatment of skin diseases to buy this little guide. Its price, 25 cents, is certainly moderate enough to satisfy any one.

Over 1,000 Prescriptions and favorite Formulæ from authors, professors and practicing physicians, is a duodecimo sent by the *Illustrated Medical Journal Co.*, Detroit, Mich., on receipt of one dollar. The various formulæ contained in this volume are practical prescriptions of new and old remedies for the various types of diseases that affect mankind. They are the favorite ones, of the various authorities, for the diseases indicated. The index is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by

pastings or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formula you may see fit to copy into the pages of the volume. The whole is comprised in a handy cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price by the above publishers.

**Books Received**—The following books have been received and will be reviewed in the JOURNAL:

**A Manual of Physics:** being an Introduction to the Study of Physical Science. Designed for the Use of University Students, by William Peddie, D. Sc., F. R. S. E. 12mo. pp. 501. [New York: G. P. Putnam's Sons. London: Ballière, Tindall & Cox. Price, \$2.50.

**Materia Medica, Pharmacy, Pharmacology and Therapeutics**, by W. Hale White, M. D., F. R. C. P., edited by Reynold W. Wilcox, M. A., M. D., LL. D. 12 mo. pp. 607. [Philadelphia: P. Blakiston, Son & Co. 1892. St. Louis: Jno. L. Boland Book and Stationery Co. Price, \$3.00.

**A Manual of Medical Jurisprudence and Toxicology**, by Henry C. Chapman, M. D. 12 mo. pp. 237. With thirty-six Illustrations, some of which are in colors. [Philadelphia: W. B. Saunders. 1892.

**A Manual of Medical Jurisprudence**, by Alfred Swaine Taylor, M. D., F. R. S. Revised and edited by Thomas Stevenson, M. D. Eleventh American Edition edited with citations and additions from the Twelfth English Edition, by Clark Bell, Esq. 8vo. pp. 790. [Philadelphia: Lea Brothers & Co. 1892.

**Histology, Pathology, and Bacteriology. A Manual for Students and Practitioners**, by Bennett S. Beach, M. D. 12 mo. pp. 165. The Students' Quiz Series, edited by Bern B. Gallaudet, M. D. [Philadelphia: Lea Brothers & Co. 1892. Price, \$1.00.

**Acne and Alopecia**, by L. Duncan Bulkley, A. M., M. D., 12 mo. pp. 85. Physicians' Leisure Library. [Detroit: Geo. S. Davis. 1892. Price, 25 cts.

**Diseases of the Lungs, Heart and Kidneys**, by N. S.



Davis, Jr., A. M., M. D. 12 mo. pp. 359. No. 14 in the Physicians' and Students' Ready-Reference Series. [Philadelphia: The F. A. Davis Co. Price, \$1.25 net.

**Leonard's Physician's Pocket Day-Book.**—It is bound in red morocco, with flap, pocket, pencil and loop and red edges, is sent postpaid, for \$1.00. It is published by *The Illustrated Medical Journal Co.*, Detroit, Mich. This popular day-book is now in its fifteenth year of publication. The front part of it is occupied with dose-tables and other useful pocket memoranda. It is good for *thirteen months*, from the first day of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is seven and a-half inches in length, and is three and a-half inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

**Pamphlets Received.**—The following pamphlets and reprints have been received during the past month, and we take this opportunity of returning thanks therefor:

Medical Department of the University of Wooster, Announcement for 1893; Announcement of Kentucky School of Medicine for 1893; Twenty-third Annual Report of the Superintendent of the St. Louis Insane Asylum, 1892; Jequirity in the Treatment of Granular Lids, by J. G. Carpenter, M. D. (Reprint from *Am. Pract. and News*); Rapid Dilatation and Curetting, by J. G. Carpenter, M. D. (Reprint from *Pract. and News*); Selection of Interesting Eye Cases, by J. G. Carpenter, M. D. (From *Pract. and News*, Jan. 16, 1892); The Therapeutical Effect of Antikamnia, by Hugo Engel, A. M., M. D. (From the *Med. Summary*, Sept. 1892); A Contribution to the Study of Cystic Kidney, by Ludwig Hektoen, M. D. (Reprint from *Chicago Med. Rec.*, Sept. 1892); Recent Progress in Diseases of the Brain and Nervous System, by F. Robert Zeit, M. D. (Reprint from *Trans. Wis. State Med. Soc.*, 1892); Two Cases of Conservative Surgery, by F. Robert Zeit, M. D. (Reprint from *Trans. Wis. State Med. Soc.*, 1892);

Lessons taught by a Post-Mortem, or the Past and Might Have Been, by J. G. Carpenter, M. D. (Reprint from *Pract. and News*); The Physiological Importance of the Proximate Principles and their Practical Utility in the Food-Stuffs and in the Nutritive Processes of the System, by William Henry Porter, M. D. (From *Am. Jour. Med. Sc.*, Sept. 1892); Surgical Operations, by Horace Packard, M. D.; Experimental Research on the Implantation of the Ureters into the Rectum, by R. Harvey Reed, M. D. (Reprint from *Annals of Surg.*, Sept. 1892); A Few Experiments with Thiersch's Grafts in the Operation for Pterigium, by F. C. Hotz, M. D. (Reprinted from *Jour. Am. Med. Ass.*, Sept. 10, 1892); "Cœliotomy" versus "Laparotomy," as a Surgical Term, by Robert P. Harris, A. M., M. D.; The Curability of Narcotic Inebriety, by J. B. Mattison, M. D. (Reprinted from *Cleveland Med. Gaz.*, Sept. 1892); Arsenite of Copper as a Remedial Agent, by John Aulde, M. D. (From *Ther. Gaz.*, July, 1889); Uses and Abuse of the Future Contract System in the New York Cotton Exchange, and the Effect of the Anti-Option Bill; Can Croupous Pneumonia be Aborted? by Thomas J. Mays, M. D. (From *Med. News*, Sept. 24, 1892); The Treatment of Hypertrophic Rhinitis by Electrolysis, by W. Scheppegegrell, A. M., M. D. (Reprinted from *N. O. Med. and Surg. Jour.*, Sept. 1892); The Effect of Diseases of the Ear upon the General Condition, by William Cheatham, M. D. (Reprint from *Med. and Surg. Rep.*); Compressed Air and Sprays in Diseases of the Nose, Throat and Ear, by Seth Scott Bishop, M. D. (Reprint from *Jour. Am. Med. Ass.*, Oct. 22, 1892); Nomenclatura Morborum Auris et Nomenclatura Morborum Nasi et Naso-Pharyngis, by E. D. Spear, M. D. Jacksonian Epilepsy, by Howell T. Pershiny, M. D. Reprint from *Journal of Nervous and Mental Diseases*, Aug. 1892.

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**National Quarantine.**—In the large amount which has been written during the past few weeks on the subject of epidemic diseases and quarantine, both in medical and non-medical periodicals, it has been recommended repeatedly in different forms that the quarantine of the country be given in charge of the Federal Government. It seems very possible that the threatening invasion of cholera may result in this desirable reform.

## Melange.

Professor Kobert has discovered that peroxide of hydrogen is an antidote for hydrocyanic acid poison. It should be given freely by the mouth and subcutaneously until recovery or death.

**A Hard State to Practice in.**—The Alabama State Medical Examining Board rejects 41.16 per cent of candidates who apply for license. Either the standard is high or the applicants are low.

**Cure for Leprosy.**—Dr. J. Carreau claims to have had excellent results in the treatment of leprosy from the internal use of chlorate of potassa. He gives from 10 to 30 grammes (150 to 450 grains) daily for three days.

**Synthetic Chemistry** seems to have no limits. The latest product which has been successfully made from coal products is camphor. It promises to be cheap and the specimens submitted respond to the most crucial tests.

**Old Clothes.**—A man and woman, who some weeks ago smuggled into Wandsbeck and there sold clothes from a cholera house in Hamburg, thereby causing the death of three persons, have been sentenced to two years' imprisonment.

**A Case** is reported from Russia in which a child of three months presented marked symptoms of carbolic acid poisoning, after spending a few hours in a room which had just previously been disinfected with two per cent carbolic acid spray.

**Careless Prescribing.**—The Chicago *Evening Journal* editorially attacks physicians for careless prescription of morphine. It continues, however, to advertise nostrums containing opium, which are more fertile sources of the habit than prescriptions.

**At the Annual Election** of the Cincinnati Medical Society the following officers were elected: President, Dr. E. S. Stevens; Vice-President, Dr. Arch. I. Carson; Secretary, Dr. L. S. Colter; Corresponding Secretary, Dr. J. C. Marcus; Treasurer, Dr. J. C. Oliver.

The Columbus Building, corner of State and Washington streets, Chicago, is expected to be completed by May next, and will be occupied in large part by dentists and physicians, for whom a reading room and library is to be liberally furnished by the management. They promise that only reputable men shall be given leases.

Migargee's Beard Producer is an extensively advertised quack remedy in Germany made by Martin Boesse, of Cologne. He was recently sued for failure in producing the results claimed and a court condemned him to pay a fine of 3000 marks. The beardless fools seem to be protected by the law when their lack of sense leads them into pitfalls of the above nature.

Any Person may expose his body, if he chooses, with a due regard to decency, and with the permission of the court; he cannot be compelled to do so, in a civil action, without his consent. But if he unreasonably refuses to show his injuries when asked to do so, that fact may be considered by the jury as bearing on his good faith, as in any other case of a party declining to produce the best evidence in his power.

Thrift.—It is related that Prof. Billroth once stipulated to perform an operation on a Russian Jew, in a small town, for 5,000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss an offer was made for him to treat five hospital patients at 1,000 marks each. He accepted the offer, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the Professor's services for one-fifth the original fee.

Room for All.—Dr. Price says (*Med. and Surg. Rep.*) that neither the specialist, the general surgeon nor the general practitioner need attempt to arrogate to themselves all the honors. The honors are of easy distribution—they go to those who do successfully the work which lies within the legitimate limits of their departments. That general practitioner possesses the finest touches of the skilled specialist who early discovers and promptly deals with troubles needing operative interference, who through close study and observation has a clinical knowledge of suppurative forms of pelvic

and other diseases. There is the best of literature on all subjects coming within the scope of his field.

**A Snarl.**—In view of the well-known hospitality of St. Louis as well as the generosity it exhibits in the entertainment of guests, the following snarl from the *Journal of the Arkansas State Medical Society* is certainly out of place :

**ST. LOUIS AS A MEETING PLACE FOR MEDICAL SOCIETIES.**—Medical associations should avoid meeting in the "Queen City of the West" until the members of her medical profession so far settle their professional differences as to be able to avoid open rows during the sitting of medical bodies in that city. The "disturbing element" should be unanimously eliminated, notwithstanding his transcendent abilities, and until he is, St. Louis is a very good place for medical societies to ignore in arrangements for their stated sessions.

**Chloroform Accidents.**—Having been asked to undertake a research at the expense of the Government of His Highness, the Nizam of Hyderabad, India, with the object of reconciling the conflicting views concerning the action of chloroform, I am anxious to receive from American physicians and surgeons records of cases where it was noticed that the heart stopped beating *before* respiration, or respiration stopped *before* the heart.

Notes concerning any such cases will be considered strictly confidential, provided the reporter states his desire that his name shall not be mentioned in the report of the research when it is finished. Otherwise due credit will be given for any information received. Very truly yours,

H. A. HARE,

Professor of Therapeutics and Materia Medica, Jefferson Medical College.

**A Curious Lawsuit** has just been decided in France. It appears that a physician dissatisfied with his domicile, removed. The *concierge*, after the removal, professed total ignorance of the doctor's new location, despite the fact that he had been furnished with the requisite information. In the majority of cases the porter did not even go to the trouble of informing patients to this extent, but simply said "Unknown," and slammed the door in their faces. The doctor hearing of

this made complaint to the proprietor, who paid no attention whatever to the matter. The upshot of the whole affair was that a lawsuit occurred, wherein the injured physician proved his points to the satisfaction of the court. The decision rendered was to the effect that he was entitled to consequential damages, and the proprietor and *conciierge* were jointly mulcted in 1,000 francs damages and the costs. From this it would appear that doctors still have rights in France, and the means are furnished them to obtain redress.

**Alvarenga Prize of the College of Physicians of Philadelphia.**—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about One Hundred and Eighty Dollars, will be made on July 14, 1893, provided that an Essay deemed by the Committee of Award to be worthy of the prize shall have been offered.

Essays intended for competition may be upon any subject in Medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1893.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within it the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College; other essays will be returned upon application within three months after the award.

The Alvarenga Prize for 1892 has been awarded to Dr. R. H. L. Bibb, of Saltillo, Mexico, for his Essay entitled: *Observations on the Nature of Leprosy*.

**The Samuel D. Gross Prize.**—The first Quinquennial Prize of One Thousand Dollars under the will of the late Samuel D. Gross, M. D., will be awarded in 1893. The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

The essays, which must be written in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut St., Philadelphia, before June 1, 1893.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

**Enterprise.**—It remained for a Detroit optician to advertise that he used the ophthalmoscope, the dark room, and all the apparatus of the oculist, and charged nothing for the skill and labor to the people who patronized him and bought his glasses.

**Diploma-ed Dangers** forms the subject of an editorial in Daniel's *Texas Medical Journal*. After some preliminary remarks our contemporary goes on to say: The foregoing reflections have been suggested by reading in the *Kansas City Medical Index* the report of a case where a child *seven months old* had received a scald on the arm and cheek, for which "Dr. C." (who reports the case!) prescribed "Carbolic acid, camphor gum, āā one drachm; to castor oil, one ounce;" and gave one-eighth *grain of morphine*, and left another one-eighth grain, "to be given in two or three hours, if necessary." The reporter says: "*The child dropped to sleep and died in about three hours without awakening*," yet as coolly attributes the death to the carbolic acid, and discusses the probability of its having been absorbed!

We do not know which to admire most, the doctor's child-like, ignorant simplicity, or his assumption that everybody else is as big a fool as he; for it is evident that *he* never suspected the overdose of morphine had done its work, or he would not have given it away. It is a remarkable report.

This is not the worst part of the affair. The author—C—of the wonderful report alluded to by the *Texas Medical Journal* asserts that the mixture he put up is campho-phenique and that the latter is consequently poisonous. This is not only uttering a falsehood, but it is a piece of malice which we certainly would not expect the editor of the *Index* to countenance or to foster in any manner. A letter of correction calling attention to this affair and addressed to the editor of the *Index* received scant notice, not being even published.

**Swindles of To-day.**—Under this heading a weekly English lay contemporary devotes a page to "The Quack Dispensary," in which the doings of the dispensary doctor *quâ* unqualified assistant are categorically, almost eloquently, exposed. Publicity of this kind, provided it reaches the classes who habitually furnish the dispensary quack with "subjects," will do more to open the eyes of the victims than any penal legislation, even were this to be hoped for, which is hardly the case. In endorsing this condemnation, we are not concerned with practices which are run on dispensary lines, provided the person in charge be what he pretends, that is to say, a duly qualified practitioner. The price charged for medical attendance is a matter which may well be left to be settled between doctor and patient. What excites hostility is the working of large dispensary practices by unqualified and presumably ignorant assistants, with only just enough surveillance on the part of the qualified principal to give a legal or, shall we say, a medical color to the proceedings. In spite of the comminatory resolutions of the General Medical Council in respect of "covering," there can be no doubt of the existence of numbers of these illegitimate partnerships in all large towns. A correspondent suggests that one way of restricting the employment of unqualified assistants and rendering this "medical sweating" more difficult of accomplishment would be to insist that no person shall be permitted to act as dispenser to a practitioner without producing a certificate of having passed—say the minor examination in pharmacy. It is certainly a singular anomaly that while an unqualified chemist's assistant may not dispense poisons on his own responsibility, the uncertified dispenser in a doctor's surgery has a free hand, with occasional fatal results.



### Miscellaneous Notes.

**For Sale.**—My brick residence is 45 feet square with a 22 feet L, having 23 acres of land. The situation is one of the most beautiful ever seen; from the front door 200 square miles of country can be overlooked. The house is on a bluff 80 feet high, overlooking the village at its base and the Illinois River half mile distant. Railroad depot and Steamboat landing within ten minutes walk. Fruit, nuts, grapes and berries in abundance on the place. The place cost over \$12,000, but owing to business failure, I will take \$5,000 cash for it. This property in time is destined to be very valuable to anyone that is able to hold it. The Illinois River will in a few years, become the greatest thoroughfare in the U. S. Large vessels will pass through it from the Gulf of Mexico to the great lakes. The property is suited for a *Sanitarium*, country home, Hunting and Fishing Club. Fine hunting and fishing within two miles. For particulars address P. Farwell, Frederick, Ill.

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Salitonia, although a new preparation, has already established its worth. The Phenique Chemical Co. has placed this preparation upon the same high plane as that occupied by its well-known and efficient antiseptics and germicides, CAMPHO-PHENIQUE and CHLORO-PHENIQUE.

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Dr. Montague Gunning used a solution of chloralamid with potassium bromide in two cases of sea-sickness with most satisfactory results. The first case was that of a gentleman who previously had never suffered from the affection. After the vessel had left land about three hours he began retching and continued doing so for three hours. Dr. Gunning then prescribed the chloralamid solution, which gave immediate relief, bringing on refreshing sleep from which the patient awakened practically recovered. The other victim was a lady who had suffered for hours, but who slept for an hour after one dose of the remedy and was not again troubled with sea-sickness. The author was so favorably impressed with the action of the remedy that he hastened to call attention to it in the *British Medical Journal*. There is now a good quantity of evidence of this kind.

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**Chloro-Phenique in Diphtheria.**—Dr. W. N. Bahrenberg, No. 919 Wash street, St. Louis, Diseases of the Throat and Nose, in a letter dated October 31, 1892, says:

“In twelve cases of scarlatina, accompanied by diphtheritic sore throat, treated by me recently, I used a spray composed of equal parts of CHLORO-PHENIQUE and water as a topical application. It caused an immediate cessation of fetor and gave great relief to the patient. Convalescence was rapid in every case. I have also

used CHLORO-PHENIQUE as a gargle and mouth-wash, and as a spray in otorrhoea and ozoena, with uniformly good results."

"I have a lady patient, a married woman, who had one child fourteen years ago, a second child five years afterwards, and is now seven months advanced in her third pregnancy. She has suffered for more than twelve years from endo-metritis, as well as chronic indigestion. During eight months of her second pregnancy she never ate a full meal, and as a natural consequence the child was weak and helpless. The first half of this pregnancy her health was wretched; since then I have been gradually building her up with tonics. Five weeks ago, fearing a miscarriage, I prescribed Ponca Compound. In a week the improvement was marked. She reported a day free from the slightest ache, pain or discomfort, the first in years. She has continued the use of Ponca Compound and is now in better health and has a better appetite than since the birth of her first child. Also begins to hope for a strong, healthy child."

J. P. FARRINGTON, M. D.,

Faison, N. C.

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[From Notes on New Pharm. Prod. Nov. 1892.]

**A Voice from the Arctic.**—Dr. F. A. COOK, who was with Lieutenant PEARY on his famous North Greenland Expedition, and which resulted in the closest approach to the pole yet attained, writes the following letter to the Antikamnia Chemical Co., which will be of interest as showing how an approved product becomes far-reaching in its work:

NEW YORK CITY, N. Y., 338 W. 55th St., Nov. 2, 1892.

*Gentlemen:* The Antikamnia which you sent for use in the North Greenland Expedition I used with gratifying results.

For Rheumatism, Neuralgic pains, as well as the pains which accompany the Grippe, it has no equal. Yours respectfully,

F. A. COOK, M. D.,

Surgeon and Ethnologist of the North Greenland Expedition.

**Depression of Opium Habit.—**

R Tinct. Capsici..... ½ oz.  
 Con. Tinct. Avenæ..... 1 oz.  
 Celerina [Rio]..... 6½ oz.

M. Sig. Teaspoonful several times a day.

I have found Peacock's Bromides in one drachm doses of great service in congestive and neuralgic headaches and in the headaches accompanying menstrual derangements. I shall continue to prescribe this preparation in my practice.

WILLIAM MACSWEENEY, M. D.

and M. Ch. Royal Univ., Ireland.

KILLARNEY, Ireland.

**Aristol.**—The following is taken from a paper entitled "Newer Drugs in Dermatological Practice," by Charles W. Allen, M. D. Surgeon to the City Hospital.

"Since I made a report on the use of Aristol in skin diseases at the meeting of the American Dermatological Association, in September 1890, I have continued to employ it in a variety of affections, and find it of decided benefit in all cases where a granulation stimulant and cicatrizing agent is required. Its value probably depends upon its richness in iodine, containing as it does something like forty-five per cent. It has the advantage over the newer dermatol in being soluble in oils, ether and alcohol, though only slightly so in the latter.

At the out-door department of Bellevue I have used Aristol extensively in the treatment of chancroid, and, contrary to the experience of others, and the statements frequently made that it is of no great value in this condition, I must record my experience in favor of it. In lupus, psoriasis and epithelioma, the action, while it cannot be said to be curative, is highly beneficial. It will remove the lesions of psoriasis, but it does not do the work as quickly and thoroughly as does chrysarobin. I do not believe that a case of epithelioma has been or will be cured by Aristol. It may cause cicatrization of an ulcerating cancer, but the disease will still be present. At the last meeting of the American Medical Association, in discussing Aristol, Dr. Keller said: "In epithelioma I am convinced its action is admirably curative, often seeming to cure it rapidly and completely." Now, I am afraid such statements are misleading. The drug does just what Dr. Keller says, it seems to cure. If he or anyone else can state instances of permanent cure of epithelioma, I should be much pleased to know it. I have used Aristol extensively in epithelioma, but only in the hope of causing cicatrization in cases gone beyond the operative period, and to cause healing of the wound after operation in the other class of cases, I have only words of praise to use for the drug in this sense, but as a cure for cancer I am unfamiliar with it. The same may be said of lupus. Ringworms, eczema marginatum, ulcers, erysipelas, have all appeared to be influenced favorably by Aristol dressings. As an application to mucous membranes, as in the nose, it has given good results, and several cases of syphilis of the nose and *ozæna* have been much benefited. It is my usual dressing for most of the open lesions of relapsing periods of syphilis. As it is insoluble wherever a penetrating action is desired, instead of a simple superficial coating of powder, an oily or ethereal solution or ointment should be used."—*Medical Record*, July 23, 1892.

The treatment of cysts and abscesses by Papoid and Peroxide of Hydrogen, *Medical and Surgical Reporter* of July 2d. By Dr. O. A. HYDE.

The first case was one of sebaceous cyst having existed for at least ten years, and until recently given but little trouble.

When I opened the sac it was inflamed, partly broken down and about to open at the site of my incision. Its cavity contained about 16 to 20 grams of decomposed sebum and pus. I made but a small incision that the fluids might be better retained. The solution employed was as follows, viz:

R Papoid.....	15 to 20 grams.
Sodii Bicarb.....	5 to 10 grams.
Aquæ.....	100 C. C.

This injection was allowed to remain from one to eight hours, then pressed out of sac, and a strong solution of peroxide of hydrogen introduced to thoroughly clean the cavity. This was repeated once or twice daily. The patient was irregular in treatment of cyst, otherwise the result would have been obtained earlier. A few weeks of this treatment entirely removed the cyst wall and satisfactorily cured the case.

The second case was one of perineal abscess, that owing to the carelessness of the patient had existed for several months, during which period it had been thoroughly injected daily with peroxide of hydrogen solution. The patient was unwilling to remain away from his business and thus have the necessary rest for cure, and also was troubled with uric acid deposits and calculi in bladder. The abscesses improved under above treatment, but would break down occasionally and discharge pus. Several times the urethral floor was perforated by the pus, and urine passed freely through the sinus. I injected a 15 per cent solution of Papoid, of the formula above given, allowing it to remain in the cavity about ten to fifteen minutes. The patient described the sensation at the time as though many mosquitoes were stinging the sac walls. I cleansed the cavity with peroxide hydrogen solution as before. In a day or so the abscess closed, and remained so for ten days; it then had a slight discharge of pus, but an injection of peroxide hydrogen was followed by permanent closure of the sinus. This treatment was given three or four months ago.

The prompt arrest of this abscess from a single injection of an alkaline 15 per cent solution of papoid greatly surprised me. The cure cannot be attributed to peroxide of hydrogen, as this had been used for months with favorable but not curative results; employed after the Papoid, it simply or mainly oxydized the debris or digested pyogenic membrane, facilitating its removal.

Had I employed the Papoid and been aided by rest to my patient, I am confident that I could have cured the case, probably several months earlier.

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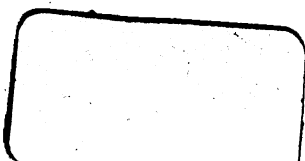




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